

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Democratic Party of Virginia

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="91916.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="91916.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="66030.22"/>	<input type="text" value="66030.22"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="157946.64"/>	<input type="text" value="157946.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="82364.31"/>	<input type="text" value="82364.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="75582.33"/>	<input type="text" value="75582.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

Write or Type Committee Name

Democratic Party of Virginia

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
01 / 31 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9445.00

9445.00

(ii) Unitemized

5507.60

5507.60

(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

14952.60

14952.60

(b) Political Party Committees

3220.00

3220.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)

18172.60

18172.60

12. Transfers From Affiliated/Other Party Committees.....

34119.63

34119.63

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

1048.56

1048.56

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

12689.43

12689.43

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

66030.22

66030.22

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

66030.22

66030.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	12139.35	12139.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12139.35	12139.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(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 28(a), (b), and (c)).....	500.00	500.00
29. Other Disbursements	26000.00	26000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	43724.96	43724.96
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	43724.96	43724.96
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	82364.31	82364.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82364.31	82364.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18172.60	18172.60
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17672.60	17672.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12139.35	12139.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1048.56	1048.56
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11090.79	11090.79

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)
A. Tram Nguyen

Mailing Address 281 S Pickett St
102

City State Zip Code
Alexandria VA 22304-4740

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

Name of Employer Occupation
Virginia New Majority Co Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2014
Transaction ID : C8382220

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Henry L Marsh III

Mailing Address 2500 E Cary St
Apt 516

City State Zip Code
Richmond VA 23223-7864

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

Name of Employer Occupation
Senate of Virginia Legislator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2014
Transaction ID : C8320091

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Cynthia Walker Mitchell

Mailing Address 2021 Tynne Meadow Ln

City State Zip Code
Prince George VA 23875-2564

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

Name of Employer Occupation
retired retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2014
Transaction ID : C8321171

Amount of Each Receipt this Period
504.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1254.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)
A. James A. Hixon

Mailing Address 3329 Kline Dr

City Virginia Beach State VA Zip Code 23452-6281

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

Name of Employer Norfolk Southern Corporation Occupation Snr Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : C8416353

Amount of Each Receipt this Period
5000.00

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

Mailing Address PO Box 249

City Wachapreague State VA Zip Code 23480-0249

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
620.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 23 / 2014
Transaction ID : C8408384

Amount of Each Receipt this Period
620.00

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

Mailing Address PO Box 24
25274 Barhams Hill Road

City Drewryville State VA Zip Code 23844-0024

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

Name of Employer N/A Occupation Chief, Nottoway Indian Tribe of Virgin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2014
Transaction ID : C8320065

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)
A. Freeda Cathcart

Mailing Address PO Box 3089

City State Zip Code
Roanoke VA 24015-1089

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 22 / 2014
Transaction ID : C8408265

Amount of Each Receipt this Period
203.00

Full Name (Last, First, Middle Initial)
B. Alfonso H Lopez

Mailing Address 1201 S Barton St
Unit 141

City State Zip Code
Arlington VA 22204-4838

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

Name of Employer Occupation
Virginia House of Delegates Delegate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 02 / 2014
Transaction ID : C8319896

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. L Chris Petersen

Mailing Address 7012 Arbor Lane

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Morris, Manning & Martin, LLP Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 04 / 2014
Transaction ID : C8452187

Amount of Each Receipt this Period
720.00

SUBTOTAL of Receipts This Page (optional).....▶	1173.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)
A. Frank Leone Jr.

Mailing Address 3072 N Oakland St

City State Zip Code
Arlington VA 22207-5323

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

Name of Employer Occupation
Hollingsworth LLP attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2014
Transaction ID : C8320149

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. bettie Ann washington

Mailing Address 3804 Greystone Dr

City State Zip Code
Hopewell VA 23860-1656

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

Name of Employer Occupation
non profit hopewell democratic committee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
648.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2014
Transaction ID : C8321179

Amount of Each Receipt this Period
648.00

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

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) ▼

Aggregate Year-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).....▶	898.00
TOTAL This Period (last page this line number only).....▶	9445.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
<input type="checkbox"/> 11a 13	<input checked="" type="checkbox"/> 11b 14
<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Democratic National Committee

Full Name (Last, First, Middle Initial)
Mailing Address 430 S Capitol St SE

City Washington	State DC	Zip Code 20003-4024
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : C8652060

Amount of Each Receipt this Period
 3220.00

* In-Kind: In-Kind: On-Line Voter File Access

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) ▼

Aggregate Year-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) ▼

Aggregate Year-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).....▶	3220.00
TOTAL This Period (last page this line number only).....▶	3220.00

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

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

FOR LINE NUMBER: PAGE 11 OF 25
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)
A. Democratic National Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C C00010603**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8220.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y
0	1			1	6			2	0	1	4

Transaction ID : C8406636

Amount of Each Receipt this Period
5000.00

Transfer

Full Name (Last, First, Middle Initial)
B. Arlington County Democratic Committee Joint Federal Campaign

Mailing Address PO Box 7132

City Arlington State VA Zip Code 22207-0132

FEC ID number of contributing federal political committee. **C C00406041**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5840.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y
0	1			2	3			2	0	1	4

Transaction ID : C8408366

Amount of Each Receipt this Period
5840.00

Transfer

Full Name (Last, First, Middle Initial)
C. Democratic National Committee

Mailing Address State Party Victory Fund
430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C C00010603**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23279.63

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y
0	1			1	6			2	0	1	4

Transaction ID : C8406638

Amount of Each Receipt this Period
23279.63

SUBTOTAL of Receipts This Page (optional).....▶	34119.63
TOTAL This Period (last page this line number only).....▶	34119.63

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

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

FOR LINE NUMBER: PAGE 12 OF 25
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

A. Full Name (Last, First, Middle Initial)
Evergreen Quantico Associates, LLC

Mailing Address 5900 Fort Dr
Ste 400

City State Zip Code
Centreville VA 20121-2413

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

Name of Employer Occupation

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1048.56

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2014

Transaction ID : C8406683

Amount of Each Receipt this Period
1048.56

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) ▼

Aggregate Year-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) ▼

Aggregate Year-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).....▶	1048.56
TOTAL This Period (last page this line number only).....▶	1048.56

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial) A. Barbara Kanninen for School Board		Date of Receipt
Mailing Address 4016 25th Rd N		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Arlington	VA	22207-3904
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C8408362
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="417.00"/>
Receipt For: 2014	Aggregate Year-to-Date ▼	Usual/Normal Charge Market Value: Voter File
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="417.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Commonwealth of Virginia		Date of Receipt
Mailing Address Department of Taxation PO Box 658		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Richmond	VA	23218-0658
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C8406478
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="444.75"/>
Receipt For: 2013	Aggregate Year-to-Date ▼	State Income Tax Check-Off
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="444.75"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="861.75"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="12689.43"/>

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. The Cincinnati Insurance Companies

Mailing Address PO Box 145620

City Cincinnati State OH Zip Code 45250-5620

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2014

Transaction ID : D583769

Amount of Each Disbursement this Period

270.00

Full Name (Last, First, Middle Initial)

B. Richmond Marriott

Mailing Address 500 E Broad St

City Richmond State VA Zip Code 23219-1812

Purpose of Disbursement Catering/Events

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Transaction ID : D583771

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement Merchant Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2014

Transaction ID : D584127

Amount of Each Disbursement this Period

1446.49

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7716.49

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Dominion Payroll

Mailing Address 306 E Main St

City Richmond State VA Zip Code 23219-3820

Purpose of Disbursement
Payroll service fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : D583767

Amount of Each Disbursement this Period

32.50

Full Name (Last, First, Middle Initial)

B. Dominion Payroll

Mailing Address 306 E Main St

City Richmond State VA Zip Code 23219-3820

Purpose of Disbursement
Payroll service fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2014

Transaction ID : D583763

Amount of Each Disbursement this Period

16.50

Full Name (Last, First, Middle Initial)

C. Dominion Payroll

Mailing Address 306 E Main St

City Richmond State VA Zip Code 23219-3820

Purpose of Disbursement
Payroll service fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2014

Transaction ID : D583765

Amount of Each Disbursement this Period

19.50

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

68.50

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. ASL Interpreters Inc.

Mailing Address 25 Madeline Ln

City Stafford State VA Zip Code 22556

Purpose of Disbursement
ASL Interpreter for party event

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	4

Transaction ID : D583773

Amount of Each Disbursement this Period

6	6	7	.	1	3
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. American Disposal Services

Mailing Address PO Box 1326

City Centreville State VA Zip Code 20122

Purpose of Disbursement
Trash removal service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	4

Transaction ID : D583775

Amount of Each Disbursement this Period

3	5	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Democratic National Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
In-Kind: On-Line Voter File Access

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	4

Transaction ID : D601412

Amount of Each Disbursement this Period

3	2	2	.	0	0
---	---	---	---	---	---

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	2	3	.	7	1	3
---	---	---	---	---	---	---

1	2	0	.	2	2	1	2
---	---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Blair Effron

Mailing Address 830 Park Ave
Apt 108

City New York State NY Zip Code 10021-2757

Purpose of Disbursement
Refunded contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	4

Transaction ID : D583772

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

			.		
--	--	--	---	--	--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

			.		
--	--	--	---	--	--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5	0	0	.	0	0
---	---	---	---	---	---

5	0	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Democratic Party of Virginia Non Federal

Mailing Address 1710 E Franklin St

City Richmond State VA Zip Code 23223-7025

Purpose of Disbursement
Transfer

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 29 / 2014

Transaction ID : D584129

Amount of Each Disbursement this Period

16000.00

Full Name (Last, First, Middle Initial)

B. Democratic Party of Virginia Non Federal

Mailing Address 1710 E Franklin St

City Richmond State VA Zip Code 23223-7025

Purpose of Disbursement
Transfer

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 13 / 2014

Transaction ID : D584130

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

26000.00

26000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Brenner A. Tobe

Mailing Address 4703 New Kent Ave

City Richmond State VA Zip Code 23225-3209

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : D583776

Amount of Each Disbursement this Period

2483.90

Full Name (Last, First, Middle Initial)

B. Brenner A. Tobe

Mailing Address 4703 New Kent Ave

City Richmond State VA Zip Code 23225-3209

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2014

Transaction ID : D583759

Amount of Each Disbursement this Period

2483.92

Full Name (Last, First, Middle Initial)

C. Anthem Blue Cross And Blue Shield

Mailing Address PO Box 580494

City Charlotte State NC Zip Code 28258-0494

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : D583770

Amount of Each Disbursement this Period

6970.60

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11938.42

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Tyler L. Anderson

Mailing Address 3608 N Albemarle St

City State Zip Code
Arlington VA 22207-4336

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
01 / 15 / 2014

Transaction ID : D583755

Amount of Each Disbursement this Period

1330.80

Full Name (Last, First, Middle Initial)

B. Tyler L. Anderson

Mailing Address 3608 N Albemarle St

City State Zip Code
Arlington VA 22207-4336

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
01 / 31 / 2014

Transaction ID : D583756

Amount of Each Disbursement this Period

1330.81

Full Name (Last, First, Middle Initial)

C. Amanda McTyre

Mailing Address 3700 Van Ness St NW

City State Zip Code
Washington DC 20016

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
01 / 31 / 2014

Transaction ID : D583778

Amount of Each Disbursement this Period

1658.44

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4320.05

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Sara Mason

Mailing Address 115 N 1st St

City Richmond State VA Zip Code 23219-2125

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : D583779

Amount of Each Disbursement this Period

1201.17

Full Name (Last, First, Middle Initial)

B. Michael Halle

Mailing Address 475 K St NW
Number 517

City Washington State DC Zip Code 20001-5252

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : D583760

Amount of Each Disbursement this Period

4621.36

Full Name (Last, First, Middle Initial)

C. Michael Halle

Mailing Address 475 K St NW
Number 517

City Washington State DC Zip Code 20001-5252

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2014

Transaction ID : D583761

Amount of Each Disbursement this Period

4621.36

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

10443.89

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Dominion Payroll

Mailing Address 306 E Main St

City Richmond State VA Zip Code 23219-3820

Purpose of Disbursement
Payroll taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2014

Transaction ID : D583762

Amount of Each Disbursement this Period

4010.89

Full Name (Last, First, Middle Initial)

B. Dominion Payroll

Mailing Address 306 E Main St

City Richmond State VA Zip Code 23219-3820

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : D583766

Amount of Each Disbursement this Period

7662.92

Full Name (Last, First, Middle Initial)

C. Dominion Payroll

Mailing Address 306 E Main St

City Richmond State VA Zip Code 23219-3820

Purpose of Disbursement
Payroll taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2014

Transaction ID : D583764

Amount of Each Disbursement this Period

1826.26

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

13500.07

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Full Name (Last, First, Middle Initial)

A. Ashley B. Bauman

Mailing Address 2001 E Broad St
Number 404

City Richmond State VA Zip Code 23223-7391

Purpose of Disbursement
Salary/Less than 25% of time spent on Federal Activity

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D583757

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ashley B. Bauman

Mailing Address 2001 E Broad St
Number 404

City Richmond State VA Zip Code 23223-7391

Purpose of Disbursement
Salary/Less than 25% of time spent on Federal Activity

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D583758

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Palace Shops North LLC

Mailing Address 301 W 21st Street

City Norfolk State VA Zip Code 23517

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D583774

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)
Democratic Party of Virginia

Transaction ID : M156

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only