

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

Norm Mosher for Congress

ADDRESS (number and street)

PO Box 369

Check if different than previously reported. (ACC)

Irvington

VA

22480

2. FEC IDENTIFICATION NUMBER ▼

C C00564617

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

VA

01

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY 04 / 01 / 2014

through

MM / DD / YYYY 06 / 30 / 2014

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

Type or Print Name of Treasurer Samantha Carol Van Saun

Signature of Treasurer Samantha Carol Van Saun

[Electronically Filed]

Date

MM / DD / YYYY 07 / 14 / 2014

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

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Norm Mosher 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)).... | 11265.00 | 11265.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 11265.00 | 11265.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 5771.76 | 5771.76 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 5771.76 | 5771.76 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 5493.24 | |
| 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)..... | 1189.27 | |

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

Norm Mosher 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)..... | 7850.00 | 7850.00 |
| (ii) Unitemized..... | 2415.00 | 2415.00 |
| (iii) TOTAL of contributions from individuals ▶ | 10265.00 | 10265.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 1000.00 | 1000.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 11265.00 | 11265.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 11265.00 | 11265.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 5771.76 | 5771.76 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 5771.76 | 5771.76 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 11265.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 11265.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 5771.76 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 5493.24 |

**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 17 |
| | <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 | |

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)
Norm Mosher for Congress

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

Mailing Address PO Box 101

City Irvington State VA Zip Code 22480-0101

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2014

Transaction ID : VNVZGB8QMR7

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 555

City Irvington State VA Zip Code 22480-0555

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : VNVZGB8QNY6

Amount of Each Receipt this Period
1000.00

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

Mailing Address 99 Dixie Ct

City Heathsville State VA Zip Code 22473-2314

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2014

Transaction ID : VNVZGB8QN16

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 6 OF 17 |
| | <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)
Norm Mosher for Congress

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

Mailing Address 99 Dixie Ct

City State Zip Code
Heathsville VA 22473-2314

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2014

Transaction ID : VNVZGB8QMY3

Amount of Each Receipt this Period
250.00

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

Mailing Address 8 Pinecrest Ct

City State Zip Code
Stafford VA 22554-3932

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2014

Transaction ID : VNVZGC8JKM1

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ted and Jackie Hontz

Mailing Address 620 Lendall Ln

City State Zip Code
Fredericksburg VA 22405-2331

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

Name of Employer Information Requested Occupation Information Requested
BCI, Dahlgren Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 15 / 2014

Transaction ID : VNVZGC8JQ36

Amount of Each Receipt this Period
2000.00

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

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

2750.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 17 |
| | <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)
Norm Mosher for Congress

A. Full Name (Last, First, Middle Initial)
Michael Mosher

Mailing Address 619 Denham Arch

City Chesapeake State VA Zip Code 23322-6832

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

Name of Employer Caci, Inc. Occupation Computer Network Security Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2014

Transaction ID : VNVZGCAC9S9

Amount of Each Receipt this Period
300.00

* In-Kind: Computer support

B. Full Name (Last, First, Middle Initial)
Elaine D Parrish

Mailing Address 141 Sir Guy Dr

City Weems State VA Zip Code 22576-2537

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : VNVZGB8QP19

Amount of Each Receipt this Period
300.00

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

Mailing Address 1615 Bewdley Rd

City Lancaster State VA Zip Code 22503-3305

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : VNVZGB8QM31

Amount of Each Receipt this Period
500.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 8 OF 17
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Norm Mosher for Congress

A. Full Name (Last, First, Middle Initial)
Samantha Van Saun

Mailing Address **PO Box 725**

City **Irvington** State **VA** Zip Code **22480-0725**

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

Name of Employer **Mosher & Associates, Inc.** Occupation **Consultant**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : VNVZGCAH859

Amount of Each Receipt this Period
1500.00

* In-Kind: Finance Consulting

B. Full Name (Last, First, Middle Initial)
Eileen N. Wagner

Mailing Address **PO Box 916**

City **White Stone** State **VA** Zip Code **22578-0916**

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

Name of Employer **Eileen N. Wagner PC** 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
06 / 19 / 2014

Transaction ID : VNVZGB8QN74

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Thomas & Luci York

Mailing Address **PO Box 195**

City **Kilmarnock** State **VA** Zip Code **22482-0195**

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

Name of Employer **Retired** Occupation **USN 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
06 / 22 / 2014

Transaction ID : VNVZGB8QMV1

Amount of Each Receipt this Period
500.00

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

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

2500.00

7850.00

**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 10 OF 17 | |
| | <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)
Norm Mosher for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Amazon.com | | Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 5.78 |
| City | State Zip Code | |
| Purpose of Disbursement Office supplies | Candidate Name | Transaction ID : VNV089MQC69 |
| Category/Type 006 | | |
| 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. Amazon.com | | Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 80.86 |
| City | State Zip Code | |
| Purpose of Disbursement Office supplies | Candidate Name | Transaction ID : VNV089MQCC7 |
| Category/Type 006 | | |
| 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. Amazon.com | | Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 62.13 |
| City | State Zip Code | |
| Purpose of Disbursement Office supplies | Candidate Name | Transaction ID : VNV089MQCD5 |
| Category/Type 006 | | |
| 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: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 148.77 |
| 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 11 OF 17 | |
| | <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)
Norm Mosher for Congress

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. Amazon.com | | Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 33.93 |
| City State Zip Code | | |
| Purpose of Disbursement Office supplies | Candidate Name | Transaction ID : VNV089MQC51 |
| 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) | Category/ Type 006 | |
| State: District: | | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Chase Card Services | | Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 307.82 |
| City State Zip Code | | |
| Purpose of Disbursement Credit card payment | Candidate Name | Transaction ID : VNV089MQC36 |
| 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) | Category/ Type 001 | |
| State: District: | | |

| | | |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) C. Amazon.com | | Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 61.16 |
| City State Zip Code | | |
| Purpose of Disbursement Office supplies | Candidate Name | Transaction ID : VNV089MYSP7 |
| 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) | Category/ Type | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 341.75 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 17 | | | |
| | <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)
Norm Mosher for Congress

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Amazon.com | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 72.36 |
| City | State Zip Code | |
| Purpose of Disbursement Office supplies | Candidate Name | Transaction ID : VNV089MYSR3 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | [MEMO ITEM] * |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. Amazon.com | | Date of Disbursement MM / DD / YYYY 06 / 13 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 174.30 |
| City | State Zip Code | |
| Purpose of Disbursement Office supplies | Candidate Name | Transaction ID : VNV089MYST9 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | [MEMO ITEM] * |

| | | |
|---|----------------------|--|
| Full Name (Last, First, Middle Initial) C. Democratic Party of VA | | Date of Disbursement MM / DD / YYYY 06 / 16 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 800.00 |
| City | State Zip Code | |
| Purpose of Disbursement Political event | Candidate Name | Transaction ID : VNV089MQC44 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type 007 | JJ Dinner |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 800.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 OF 17 | |
| | <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)
Norm Mosher for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Global Business Ventures | | Date of Disbursement MM / DD / YYYY 06 / 20 / 2014 |
| Mailing Address PO Box 709 | | Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089MQC85 |
| City Irvington | State VA | |
| Zip Code 22480-0709 | Purpose of Disbursement Campaign Consulting | Category/ Type 001 |
| 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. Global Business Ventures | | Date of Disbursement MM / DD / YYYY 06 / 26 / 2014 |
| Mailing Address PO Box 709 | | Amount of Each Disbursement this Period 500.00 Transaction ID : VNV089MQC93 |
| City Irvington | State VA | |
| Zip Code 22480-0709 | Purpose of Disbursement Campaign Consulting | Category/ Type 001 |
| 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. Michael Mosher | | Date of Disbursement MM / DD / YYYY 06 / 14 / 2014 |
| Mailing Address 619 Denham Arch | | Amount of Each Disbursement this Period 300.00 Transaction ID : VNVZGCAC9S91 |
| City Chesapeake | State VA | |
| Zip Code 23322-6832 | Purpose of Disbursement Computer support | Category/ Type |
| 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: | |

* In-Kind Received

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1300.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 17 | | | |
| | <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)
Norm Mosher for Congress

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Norm & Jan Mosher | | Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014 |
| Mailing Address PO Box 725 | | Amount of Each Disbursement this Period 695.18 |
| City Irvington State VA Zip Code 22480-0725 | Purpose of Disbursement Reimbursement | |
| Candidate Name Norm & Jan Mosher | Category/Type 006 | Transaction ID : VNV089MQCB9 |
| Office Sought: <input checked="" 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) | Reimbursement | |
| State: VA District: 01 | | |

| | | |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Cellular Services | | Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 211.05 |
| City State Zip Code | Purpose of Disbursement Cell Phone | |
| Candidate Name | Category/Type 001 | Transaction ID : VNV089MY789 |
| 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) | [MEMO ITEM] | |
| State: District: | * | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Samantha Van Saun | | Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014 |
| Mailing Address PO Box 725 | | Amount of Each Disbursement this Period 1500.00 |
| City Irvington State VA Zip Code 22480-0725 | Purpose of Disbursement Finance Consulting | |
| Candidate Name | Category/Type | Transaction ID : VNVZGCAH859I |
| 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) | * In-Kind Received | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2195.18 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 17 | | | |
| | <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)
Norm Mosher for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Vistaprint | | Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 210.99 |
| City | State Zip Code | |
| Purpose of Disbursement Hand bills/cards | Candidate Name | Transaction ID : VNV089MQC28 |
| Category/Type 006 | | |
| 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. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | Candidate Name | |
| Category/Type | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 210.99 |
| TOTAL This Period (last page this line number only)..... | 4996.69 |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Norm Mosher for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Norm & Jan Mosher

Nature of Debt (Purpose):
Computer Purchase

Mailing Address PO Box 725

City State Zip Code
Irvington VA 22480-0725

Outstanding Balance Beginning This Period

0.00

Transaction ID : VNS1R9H62G7

Amount Incurred This Period

1189.27

Payment This Period

0.00

Outstanding Balance at Close of This Period

1189.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
- 2) **TOTALS** This Period (last page this line number only)
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

| |
|---------|
| 1189.27 |
| 1189.27 |
| 0.00 |
| 1189.27 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VNS1R9H62G7

Jan Mosher paid for a campaign computer and is owed for it.

Form/Schedule:

Transaction ID: