

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF SHAK HILL

Report Covering the Period: From: ^{M M / D D} 04 / 01 ^{Y Y} 2014 To: ^{M M / D D} 05 / 18 ^{Y Y} 2014

	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))..	20800.00	77037.96
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	25.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	20800.00	77012.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	37331.59	104446.20
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	380.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	37331.59	104065.72
8. Cash on Hand at Close of Reporting Period (from Line 27)...	70827.24	
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) ..	105400.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14020403343

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

FRIENDS OF SHAK HILL

Report Covering the Period: From: 04 / 01 / 2014 To: 05 / 18 / 2014

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)...	9600.00	43496.00
(ii) Unitemized	8200.00	30541.96
(iii) TOTAL of contributions from individuals .	17800.00	74037.96
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	3000.00	3000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20800.00	77037.96
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	105100.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	105100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	380.48
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)...	20800.00	182518.44

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	37331.59	104446.20
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	25.00
(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	25.00
21. OTHER DISBURSEMENTS ...	0.00	7220.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	37331.59	111691.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	87358.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	20800.00
25. SUBTOTAL (add Line 23 and Line 24)...	108158.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	37331.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	70827.24

14020403345

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

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

FOR LINE NUMBER: PAGE 5 OF 38
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial)
Ken Adams

Mailing Address 712 Pelham Drive

City State Zip Code
Waynesboro VA 22980

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

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.5879

Amount of Each Receipt this Period
200.00

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

Mailing Address 408 Lakeway Road
Lake Anna

City State Zip Code
Mineral VA 23117

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

Name of Employer Occupation
none retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 18 2014

Transaction ID : SA11AI.5999

Amount of Each Receipt this Period
100.00

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

Mailing Address 208 Park Shores Circle

City State Zip Code
Moneta VA 24121

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

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.5861

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... 400.00

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

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**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 38		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) Richard Conn		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014	
Mailing Address 6713 Catskill Rd		Transaction ID : SA11AI.5934	
City Lorton	State VA	Zip Code 22079	Amount of Each Receipt this Period \$ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Conn & Smith, Inc.	Occupation Regulatory Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 500.00		

Full Name (Last, First, Middle Initial) Howard Hahn		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2014	
Mailing Address 58 Lee Roy Road		Transaction ID : SA11AI.5820	
City Grottoes	State VA	Zip Code 24441	Amount of Each Receipt this Period \$ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 1000.00		

Full Name (Last, First, Middle Initial) Zanette Hahn		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2014	
Mailing Address 58 Lee Roy Road		Transaction ID : SA11AI.5818	
City Grottoes	State VA	Zip Code 24441	Amount of Each Receipt this Period \$ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

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**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 38	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Greg Ircink		Date of Receipt M - M / D - D / Y - Y - Y 05 / 16 / 2014
Mailing Address 6609 Sunrise Bay Drive		Transaction ID : SA11AI.5983
City Mineral	State VA	Zip Code 23117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Eric Klanderaman		Date of Receipt M - M / D - D / Y - Y - Y 04 / 29 / 2014
Mailing Address 13228 Pearsall Ln		Transaction ID : SA11AI.5876
City Fairfax	State VA	Zip Code 22033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Integrity Consulting, LLC	Occupation Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) C. Shirley Martin		Date of Receipt M - M / D - D / Y - Y - Y - Y 04 / 25 / 2014
Mailing Address 1373 Flanagan Drive		Transaction ID : SA11AI.5850
City Christiansburg	State VA	Zip Code 24073
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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**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 38	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) Jane Milliron		Date of Receipt M M / D D / Y Y - Y Y 05 / 05 / 2014
Mailing Address 12570 Greenwood Road		Transaction ID : SA11AI.5928
City Glen Allen	State VA	Zip Code 23059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Chamberlain Mechanical Service	Occupation Administrative Assistant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) Charles Nave		Date of Receipt M M / D D / Y Y - Y Y 04 / 03 / 2014
Mailing Address 1225 Third Street SW		Transaction ID : SA11AI.5741
City Roanoke	State VA	Zip Code 24016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CHNPC	Occupation attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) Betty Ann Olson		Date of Receipt M M / D D / Y Y - Y Y 04 / 29 / 2014
Mailing Address 13215 Moss Ranch Lane		Transaction ID : SA11AI.5878
City Fairfax	State VA	Zip Code 22033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

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

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**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 38	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) Jose Raimundo		Date of Receipt M M D D Y Y Y Y 04 08 2014	
Mailing Address 1130 Towlston Road		Transaction ID : SA11AI.5757	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Self	Occupation Realtor	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 300.00			

B. Full Name (Last, First, Middle Initial) Rich Randall		Date of Receipt M M D D Y Y Y Y 04 02 2014	
Mailing Address 301 Forrest Drive		Transaction ID : SA11AI.5738	
City State Zip Code Gettysburg PA 17325	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer None	Occupation Retired	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 225.00			

C. Full Name (Last, First, Middle Initial) Deborah Ring		Date of Receipt M M D D Y Y Y Y 04 06 2014	
Mailing Address 8205 Little River Dam Rd		Transaction ID : SA11AI.5750	
City State Zip Code Radford VA 24141	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer retired veteran	Occupation nurse	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 1000.00			

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	850.00

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

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

FOR LINE NUMBER: PAGE 10 OF 38
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) Jessee Ring		Date of Receipt 05 / 05 / 2014
Mailing Address 8205 Little River Dam Road		Transaction ID : SA11AI.5908
City Radford	State VA	Zip Code 24141
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00
Name of Employer Self	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1800.00	

Full Name (Last, First, Middle Initial) Charles Settgest		Date of Receipt 05 / 05 / 2014
Mailing Address 7929 Timberlake Drive		Transaction ID : SA11AI.5920
City West Melbourne	State FL	Zip Code 32904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1150.00	

Full Name (Last, First, Middle Initial) Patrick Weakland		Date of Receipt 04 / 25 / 2014
Mailing Address 1539 Threeway Rd		Transaction ID : SA11AI.5846
City Warsaw	State VA	Zip Code 22572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	2550.00
TOTAL This Period (last page this line number only).....	

14020403351

**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 38	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) Durbin Williams		Date of Receipt M - M / D - D / Y - Y - Y 04 / 15 / 2014
Mailing Address 107 Proclamation Drive		Transaction ID : SA11AI.5799
City Winchester	State VA	Zip Code 22603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

B. Full Name (Last, First, Middle Initial) Durbin Williams		Date of Receipt M - M / D - D / Y - Y - Y 05 / 09 / 2014
Mailing Address 107 Proclamation Drive		Transaction ID : SA11AI.5946
City Winchester	State VA	Zip Code 22603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	9600.00

14020403352

**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 38	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) GUN OWNERS OF AMERICA, INC. POLITICAL VICTORY FUND		Date of Receipt M M / D D Y Y Y Y 04 25 2014	
Mailing Address 8001 FORBES PLACE, SUITE 102		Transaction ID : SA11C.5834	
City SPRINGFIELD	State VA	Zip Code 22151	Amount of Each Receipt this Period \$ 1000.00
FEC ID number of contributing federal political committee. C C00278101			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 1000.00		

B. Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC		Date of Receipt M M / D D Y Y Y Y 05 08 2014	
Mailing Address 501 E. MAIN STREET SUITE 200		Transaction ID : SA11C.5939	
City WINDSOR	State CO	Zip Code 80550	Amount of Each Receipt this Period \$ 2000.00
FEC ID number of contributing federal political committee. C C00481200			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 2000.00		

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D Y Y Y Y	
Mailing Address		Transaction ID :	
City	State	Zip Code	Amount of Each Receipt this Period \$
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

14020403353

**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 38
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Edonation.com		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 191.51 Transaction ID : SB17.6117
City Alexandria	State VA	
Purpose of Disbursement CC Processing		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. Edonation.com		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.6118
City Alexandria	State VA	
Purpose of Disbursement Online Service		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. Edonation.com		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.6119
City Alexandria	State VA	
Purpose of Disbursement Online Service		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).....	791.51
TOTAL This Period (last page this line number only).....	

14020403354

**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 38	
	<input checked="" type="checkbox"/> 17 <input 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)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Edonation.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 117 N. Saint Asaph Street		Amount of Each Disbursement this Period 225.60 Transaction ID : SB17.6120
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising Fee	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. Chris Farmer		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 4605 Demby Dr		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.6110
City Fairfax	State VA	
Zip Code 22032	Purpose of Disbursement Campaign Consulting	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. Chris Farmer		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 4605 Demby Dr		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.6121
City Fairfax	State VA	
Zip Code 22032	Purpose of Disbursement Campaign Consulting	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).....	4425.60
TOTAL This Period (last page this line number only).....	

14020403355

**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 38

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. FIA Card Services, N.A.		Date of Disbursement M M / D D / Y Y - Y Y 04 / 10 / 2014
Mailing Address 1100 N King St		Amount of Each Disbursement this Period 3958.40 Transaction ID : SB17.6062
City Wilmington	State DE	
Zip Code 19884	Purpose of Disbursement Credit Card Bill (See Below)	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. Target		Date of Disbursement M M / D D / Y Y - Y Y 02 / 19 / 2014
Mailing Address 1000 Nicollett Mall		Amount of Each Disbursement this Period -42.39 Transaction ID : SB17.6062.1 [MEMO ITEM]
City Minneapolis	State MN	
Zip Code 55403	Purpose of Disbursement Refund	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. Quality Inn		Date of Disbursement M M / D D / Y Y - Y Y 02 / 26 / 2014
Mailing Address 1 Choice Hotels Cir Ste 400		Amount of Each Disbursement this Period 56.39 Transaction ID : SB17.6062.5 [MEMO ITEM]
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement Lodging	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)..... 3958.40
TOTAL This Period (last page this line number only).....

14020403356

**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 16 OF 38			
	<input checked="" type="checkbox"/> 17 <input 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)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Econo Lodge		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 10750 Columbia Pike		Amount of Each Disbursement this Period 89.63 Transaction ID : SB17.6062.7
City Silver Spring	State MD	
Zip Code 20901	Purpose of Disbursement Lodging	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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Quality Inn		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 1 Choice Hotels Cir Ste 400		Amount of Each Disbursement this Period 62.43 Transaction ID : SB17.6062.9
City Rockville	State MD	
Zip Code 20850	Purpose of Disbursement Lodging	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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. VistaPrint		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period 106.50 Transaction ID : SB17.6062.10
City Lexington	State MA	
Zip Code 02421	Purpose of Disbursement Printing	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:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

14020403357

**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 38	
	<input checked="" type="checkbox"/> 17 <input 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)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period 409.95 Transaction ID : SB17.6062.11
City Lexington	State MA Zip Code 02421	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. MavericLabel		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 120 W. Dayton St.		Amount of Each Disbursement this Period 320.52 Transaction ID : SB17.6062.13
City Edmonds	State WA Zip Code 98020	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. SalesDialer.com		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 5356 Commercial Court Suite 4		Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.6062.15
City Savannah	State GA Zip Code 31405	
Purpose of Disbursement Voter Telephone Contact	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020403358

**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 38
	<input checked="" type="checkbox"/> 17 <input 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)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Quality Inn		Date of Disbursement M M / J J D D Y Y Y Y 03 08 2014
Mailing Address 1 Choice Hotels Cir Ste 400		Amount of Each Disbursement this Period 99.06 Transaction ID : SB17.6062.19
City Rockville	State MD	
Purpose of Disbursement Lodging		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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / J J D D Y Y Y Y 03 10 2014
Mailing Address 475 L'Enfant Plz SW		Amount of Each Disbursement this Period 44.10 Transaction ID : SB17.6062.23
City Washington	State DC	
Purpose of Disbursement Postage		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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Quality Inn		Date of Disbursement M M / J J D D Y Y Y Y 03 11 2014
Mailing Address 1 Choice Hotels Cir Ste 400		Amount of Each Disbursement this Period 66.77 Transaction ID : SB17.6062.25
City Rockville	State MD	
Purpose of Disbursement Lodging		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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020403359

**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 38			
	<input checked="" type="checkbox"/> 17 <input 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)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. SalesDialer.com		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 5356 Commercial Court Suite 4		Amount of Each Disbursement this Period 327.00 Transaction ID : SB17.6062.26
City Savannah State GA Zip Code 31405	Purpose of Disbursement Voter Telephone Contact 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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. SalesDialer.com		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 5356 Commercial Court Suite 4		Amount of Each Disbursement this Period 327.00 Transaction ID : SB17.6062.27
City Savannah State GA Zip Code 31405	Purpose of Disbursement Voter Telephone Contact 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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Clarion Inn and Suites		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 1809 W. Mercury Blvd		Amount of Each Disbursement this Period 68.26 Transaction ID : SB17.6062.29
City Hampton State VA Zip Code 23666	Purpose of Disbursement Lodging 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:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020403360

**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 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. StickersBanners.com			Date of Disbursement M M / D D Y Y Y Y 03 / 17 / 2014	
Mailing Address 3741 Venture DR			Amount of Each Disbursement this Period 220.00	
City Duluth	State GA	Zip Code 30096	Transaction ID : SB17.6062.30	
Purpose of Disbursement Printing		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:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) B. Political Media, Inc			Date of Disbursement M M / D D Y Y Y Y 03 / 17 / 2014	
Mailing Address 406 1st Street SE			Amount of Each Disbursement this Period 1480.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.6062.31	
Purpose of Disbursement Online Consulting		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:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) C. FIA Card Services, N.A.			Date of Disbursement M M / J D Y Y Y Y 05 / 11 / 2014	
Mailing Address 1100 N King St			Amount of Each Disbursement this Period 9341.34	
City Wilmington	State DE	Zip Code 19884	Transaction ID : SB17.6010	
Purpose of Disbursement Credit Card Bill (See Below)		Candidate Name	Category/ Type	
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 <input type="checkbox"/> Other (specify)	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	9341.34
TOTAL This Period (last page this line number only).....	

14020403361

**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 38	
	<input checked="" type="checkbox"/> 17 <input 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)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. SalesDialer.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 5356 Commercial Court Suite 4		Amount of Each Disbursement this Period -327.00 Transaction ID : SB17.6010.0 [MEMO ITEM]
City Savannah State GA Zip Code 31405	Purpose of Disbursement Refund	
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) B. SalesDialer.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 5356 Commercial Court Suite 4		Amount of Each Disbursement this Period -109.00 Transaction ID : SB17.6010.1 [MEMO ITEM]
City Savannah State GA Zip Code 31405	Purpose of Disbursement Refund	
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. SalesDialer.com		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 5356 Commercial Court Suite 4		Amount of Each Disbursement this Period -99.00 Transaction ID : SB17.6010.2 [MEMO ITEM]
City Savannah State GA Zip Code 31405	Purpose of Disbursement Refund	
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).....	0.00
TOTAL This Period (last page this line number only).....	

14020403362

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. SalesDialer.com

Date of Disbursement

Mailing Address 5356 Commercial Court Suite 4

M M / D D / Y Y Y Y
04 12 2014

City Savannah State GA Zip Code 31405

Amount of Each Disbursement this Period

Purpose of Disbursement Refund

-99.00

Candidate Name

Transaction ID : SB17.6010.3

Category/
Type

[MEMO ITEM]

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

State: District:

Full Name (Last, First, Middle Initial)

B. VistaPrint

Date of Disbursement

Mailing Address 95 Hayden Ave

M M / D D / Y Y Y Y
03 17 2014

City Lexington State MA Zip Code 02421

Amount of Each Disbursement this Period

Purpose of Disbursement Printing

37.50

Candidate Name

Transaction ID : SB17.6010.4

Category/
Type

[MEMO ITEM]

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

State: District:

Full Name (Last, First, Middle Initial)

C. VistaPrint

Date of Disbursement

Mailing Address 95 Hayden Ave

M M / D D / Y Y Y Y
03 17 2014

City Lexington State MA Zip Code 02421

Amount of Each Disbursement this Period

Purpose of Disbursement Printing

84.49

Candidate Name

Transaction ID : SB17.6010.5

Category/
Type

[MEMO ITEM]

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

State: District:

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

0.00

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

14020403363

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. VistaPrint

Full Name (Last, First, Middle Initial)

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 17 / 2014

Amount of Each Disbursement this Period
33.75

Transaction ID : SB17.6010.6

[MEMO ITEM]

B. Econo Lodge

Full Name (Last, First, Middle Initial)

Mailing Address 10750 Columbia Pike

City Silver Spring State MD Zip Code 20901

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 20 / 2014

Amount of Each Disbursement this Period
89.63

Transaction ID : SB17.6010.7

[MEMO ITEM]

c. Econo Lodge

Full Name (Last, First, Middle Initial)

Mailing Address 10750 Columbia Pike

City Silver Spring State MD Zip Code 20901

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 24 / 2014

Amount of Each Disbursement this Period
73.63

Transaction ID : SB17.6010.11

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

14020403364

**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 38			
	<input checked="" type="checkbox"/> 17 <input 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)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Econo Lodge			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 10750 Columbia Pike			Amount of Each Disbursement this Period 65.08
City Silver Spring	State MD	Zip Code 20901	
Purpose of Disbursement Lodging		Candidate Name	Transaction ID : SB17.6010.15 [MEMO ITEM]
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)		Category/Type	
State:	District:		

Full Name (Last, First, Middle Initial) B. Harden Global			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 325 Cameron Street			Amount of Each Disbursement this Period 5332.72
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement Campaign Consulting		Candidate Name	Transaction ID : SB17.6010.17 [MEMO ITEM]
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)		Category/Type	
State:	District:		

Full Name (Last, First, Middle Initial) c. Econo Lodge			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 10750 Columbia Pike			Amount of Each Disbursement this Period 89.63
City Silver Spring	State MD	Zip Code 20901	
Purpose of Disbursement Lodging		Candidate Name	Transaction ID : SB17.6010.20 [MEMO ITEM]
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)		Category/Type	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

14020403365

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)
A. VistaPrint

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 02 / 2014

Amount of Each Disbursement this Period: 137.99

Transaction ID : SB17.6010.22

[MEMO ITEM]

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

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 02 / 2014

Amount of Each Disbursement this Period: 284.99

Transaction ID : SB17.6010.23

[MEMO ITEM]

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

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 02 / 2014

Amount of Each Disbursement this Period: 37.50

Transaction ID : SB17.6010.24

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

14020403366

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. VistaPrint

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 02 2014

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.6010.25

[MEMO ITEM]

B. VistaPrint

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 04 2014

Amount of Each Disbursement this Period

328.20

Transaction ID : SB17.6010.28

[MEMO ITEM]

C. VistaPrint

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 04 2014

Amount of Each Disbursement this Period

39.75

Transaction ID : SB17.6010.29

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

14020403367

**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 38

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. VistaPrint

Date of Disbursement

M M / D D / Y Y Y Y
04 / 06 / 2014

Mailing Address 95 Hayden Ave

Amount of Each Disbursement this Period

204.99

City Lexington State MA Zip Code 02421

Transaction ID : SB17.6010.32

Purpose of Disbursement
Printing

Category/
Type

[MEMO ITEM]

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

B. SalesDialer.com

Date of Disbursement

M M / D D / Y Y Y Y
04 / 06 / 2014

Mailing Address 5356 Commercial Court Suite 4

Amount of Each Disbursement this Period

99.00

City Savannah State GA Zip Code 31405

Transaction ID : SB17.6010.33

Purpose of Disbursement
Voter Telephone Contact

Category/
Type

[MEMO ITEM]

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

C. USPS

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2014

Mailing Address 475 L'Enfant Plz SW

Amount of Each Disbursement this Period

490.00

City Washington State DC Zip Code 20260

Transaction ID : SB17.6010.35

Purpose of Disbursement
Postage

Category/
Type

[MEMO ITEM]

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

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

0.00

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

14020403368

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)
A. IHOP

Mailing Address 450 N Brand Blvd

City Glendale State CA Zip Code 91203

Purpose of Disbursement Food & Beverages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 09 2014

Amount of Each Disbursement this Period
16.00

Transaction ID : SB17.6010.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Political Media, Inc

Mailing Address 406 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Online Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 14 2014

Amount of Each Disbursement this Period
1596.25

Transaction ID : SB17.6010.41

[MEMO ITEM]

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

Mailing Address 475 L'Enfant Plz SW

City Washington State DC Zip Code 20260

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 14 2014

Amount of Each Disbursement this Period
5.75

Transaction ID : SB17.6010.42

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

14020403369

**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)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Meg Jaworowski		Date of Disbursement MM / DD / YYYY 04 / 14 / 2014
Mailing Address 32 Burns Road		Amount of Each Disbursement this Period 1698.00 Transaction ID : SB17.6107
City Stafford	State VA	
Zip Code 22554	Purpose of Disbursement Grassroots Consulting	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. Meg Jaworowski		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 32 Burns Road		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.6126
City Stafford	State VA	
Zip Code 22554	Purpose of Disbursement Grassroots Consulting	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. NOVA Digital Films		Date of Disbursement MM / DD / YYYY 04 / 18 / 2014
Mailing Address 9702 Dublin Dr		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.6111
City Manassas	State VA	
Zip Code 20109	Purpose of Disbursement Video Services	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).....	4398.00
TOTAL This Period (last page this line number only).....	

14020403370

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Precision Signz		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 1055 Valley Dr		Amount of Each Disbursement this Period 2056.25 Transaction ID : SB17.6127
City Riverdale	State IA	
Zip Code 52722	Category/ Type	
Purpose of Disbursement Printing		
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. Precision Signz		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 1055 Valley Dr		Amount of Each Disbursement this Period 557.34 Transaction ID : SB17.6133
City Riverdale	State IA	
Zip Code 52722	Category/ Type	
Purpose of Disbursement Printing		
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. Becca Rawlings		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address 817 Nugent Dr		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6104
City Chesapeake	State VA	
Zip Code 23322	Category/ Type	
Purpose of Disbursement Administrative Consulting		
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)..... 4613.59

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

14020403371

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Becca Rawlings			Date of Disbursement MM / DD / YYYY 05 / 05 / 2014	
Mailing Address 817 Nugent Dr			Amount of Each Disbursement this Period 2000.00	
City Chesapeake	State VA	Zip Code 23322	Transaction ID : SB17.6123	
Purpose of Disbursement Administrative Consulting		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) B. Red Strategies			Date of Disbursement MM / DD / YYYY 05 / 08 / 2014	
Mailing Address PO Box 548			Amount of Each Disbursement this Period 635.00	
City Bassett	State VA	Zip Code 24055	Transaction ID : SB17.6131	
Purpose of Disbursement Printing		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. Chris Shores			Date of Disbursement MM / DD / YYYY 04 / 03 / 2014	
Mailing Address 1007 W Osborn Rd			Amount of Each Disbursement this Period 3000.00	
City Farmville	State VA	Zip Code 23901	Transaction ID : SB17.6103	
Purpose of Disbursement Campaign Consulting		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).....	5635.00
TOTAL This Period (last page this line number only).....	

14020403372

**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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Chris Shores			Date of Disbursement MM / DD / YYYY 05 / 02 / 2014	
Mailing Address 1007 W Osborn Rd			Amount of Each Disbursement this Period 3000.00	
City Farmville		State VA	Zip Code 23901	
Purpose of Disbursement Campaign Consulting			Transaction ID : SB17.6122	
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) B. Phil Yoo			Date of Disbursement MM / DD / YYYY 04 / 02 / 2014	
Mailing Address 2272 Victory Blvdictory Blvd			Amount of Each Disbursement this Period 237.01	
City Staten Island		State NY	Zip Code 10314	
Purpose of Disbursement Fundraising Consulting			Transaction ID : SB17.6101	
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. Phil Yoo			Date of Disbursement MM / DD / YYYY 04 / 21 / 2014	
Mailing Address 2272 Victory Blvdictory Blvd			Amount of Each Disbursement this Period 539.39	
City Staten Island		State NY	Zip Code 10314	
Purpose of Disbursement Fundraising Consulting			Transaction ID : SB17.6113	
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).....	3776.40
TOTAL This Period (last page this line number only).....	36939.84

14020403373

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF SHAK HILL** Transaction ID : **SC/10.4638**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
SHAK HILL Primary
Mailing Address PO BOX 486 General
 Other (specify) ▼

City State ZIP Code
CENTREVILLE VA 20122

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

TERMS Date Incurred Date Due Interest Rate Secured:
07^M 09^D / 2013 12/31/2014 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	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)..... ▶ 5000.00
TOTALS This Period (last page in this line only) ... ▶

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

14020403374

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF SHAK HILL** Transaction ID : **SC/10.4102**

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

Mailing Address
PO BOX 486

City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
37520.00	0.00	37520.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 ^M / 11 ^D / 2013 ^Y	12/31/2014 ^Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)... 37520.00

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

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

14020403375

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 35 OF 38
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full) **FRIENDS OF SHAK HILL** Transaction ID : **SC/10.4103**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
SHAK HILL Primary
Mailing Address General
PO BOX 486 Other (specify) ▼
City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22915.00	0.00	22915.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 ^M / 18 ^D / 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	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)...	▶	22915.00
TOTALS This Period (last page in this line only)...	▶	

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

14020403376

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF SHAK HILL** Transaction ID : **SC/10.4104**

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

Mailing Address
 PO BOX 486

City State ZIP Code
 CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22530.00	0.00	22530.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 ^M / 24 ^D / 2013 ^Y	12/31/2014 ^Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)...	22530.00
TOTALS This Period (last page in this line only)...	

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

14020403377

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF SHAK HILL** Transaction ID : **SC/10.4105**

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS] SHAK HILL		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 486		
City	State	ZIP Code
CENTREVILLE	VA	20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17135.00	0.00	17135.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2013	12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)...	17135.00
TOTALS This Period (last page in this line only)...	105100.00

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

14020403378

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robin Hill	Nature of Debt (Purpose): Non-Travel Advance
Mailing Address 6501 Flowerdew Hundred Court	
City Centreville State VA Zip Code 20120	

Outstanding Balance Beginning This Period 300.00	Transaction ID : SD10.4338
Amount Incurred This Period 0.00	Payment This Period 0.00
Outstanding Balance at Close of This Period 300.00	

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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional) ...	300.00
2) TOTALS This Period (last page this line number) ...	300.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	105100.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ...	105400.00

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14020403380

Friends of Shak Hill, Inc
Box 486
Centreville, VA 20122

U.S. POSTAGE
CENTREVILLE, VA
MAY 26, 14
AMOUNT
\$5.54
0003461-11



29463



1000



FEC
999 E ~~Street~~ Street, NW
WASHINGTON DC 20463

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NANCY ERICKSDN
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
MAIL MAIL OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate
OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____ Date of Receipt

USPS FIRST CLASS MAIL _____ Postmark

USPS REGISTERED/CERTIFIED _____ Postmark
5-22-14

USPS PRIORITY MAIL _____ Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____ Postmark

OVERNIGHT DELIVERY SERVICE:
SHIPPING DATE
FEDERAL EXPRESS _____
UPS _____
DEL _____
AIRBORNE EXPRESS _____

NEXT BUSINESS DAY DELIVERY

RECEIVED FROM FEDERAL ELECTION COMMISSION _____ **5-29-14**
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____ **0**
Date of Receipt

OTHER _____ **5-22-14**
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **5-29-14**

14020403381

14020403382

