

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

14 FEB 10 AM 10:31
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

FRIENDS OF SHAK HILL

ADDRESS (number and street) PO BOX 486

Check if different than previously reported. (ACC)

CENTREVILLE VA 20122

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00546705 IS THIS REPORT NEW (N) OR AMENDED (A) VA 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X 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 M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 06 / 21 / 2013 through 09 / 30 / 2013

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 Robin Hill

Signature of Treasurer Robin Hill Date 01 / 31 / 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 table with 8 columns

FEC FORM 3 (Revised 02/2003)

14020142354

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF SHAK HILL

Report Covering the Period: From: ^M06 / ^D21 / ^Y2013 To: ^M09 / ^D30 / ^Y2013

	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))	18550.00	18550.00
(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))	18550.00	18550.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7941.92	7941.92
(b) Total Offsets to Operating Expenditures (from Line 14)	32.33	32.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	7909.59	7909.59
8. Cash on Hand at Close of Reporting Period (from Line 27)	115580.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	348.05	
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

14020142355

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: M M / D D / Y Y Y Y
06 21 2013

To: M M / D D / Y Y Y Y
09 30 2013

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).....	13945.00	13945.00
(ii) Unitemized.....	4605.00	4605.00
(iii) TOTAL of contributions from individuals ▶	18550.00	18550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18550.00	18550.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	105100.00	105100.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	105100.00	105100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	32.33	32.33
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)..... ▶	123682.33	123682.33

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7941.92	7941.92
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	160.00	160.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	8101.92	8101.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	123682.33
25. SUBTOTAL (add Line 23 and Line 24).....	123682.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8101.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	115580.41

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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 5 OF 31

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) Royal Alexander			Date of Receipt M M / D D / Y Y Y Y 08 12 2013	
Mailing Address PO Box 1837			Transaction ID : SA11AI.4195	
City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period \$, \$ *	
FEC ID number of contributing federal political committee. C			250.00	
Name of Employer Self		Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	250.00 \$, \$ *	

Full Name (Last, First, Middle Initial) Royal Alexander			Date of Receipt M M / D D / Y Y Y Y 08 12 2013	
Mailing Address PO Box 1837			Transaction ID : SA11AI.4293	
City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period \$, \$ *	
FEC ID number of contributing federal political committee. C			600.00	
Name of Employer Self		Occupation Attorney	In-kind - Food & Beverages	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1195.00 \$, \$ *	

Full Name (Last, First, Middle Initial) Royal Alexander			Date of Receipt M M / D D / Y Y Y Y 08 12 2013	
Mailing Address PO Box 1837			Transaction ID : SA11AI.4294	
City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period \$, \$ *	
FEC ID number of contributing federal political committee. C			345.00	
Name of Employer Self		Occupation Attorney	In-kind - Printing and Postage	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	595.00 \$, \$ *	

SUBTOTAL of Receipts This Page (optional).....			1195.00 \$, \$ *	
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)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<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) Will Atkins			Date of Receipt M M / D D / Y Y Y Y 08 12 2013		
A. Mailing Address 415 Sherwood Road			Transaction ID : SA11AI.4197		
City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, , 500.00		
Name of Employer Ear, Nose & Throat Center, AMC		Occupation Physician			
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) Karl Bilderback			Date of Receipt M M / D D / Y Y Y Y 08 12 2013		
B. Mailing Address 6312 E Ridge Drive			Transaction ID : SA11AI.4201		
City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, , 1500.00		
Name of Employer The Orthopedic Clinic		Occupation Physician			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 1500.00		
Full Name (Last, First, Middle Initial) Bernadette Boyd			Date of Receipt M M / D D / Y Y Y Y 08 02 2013		
C. Mailing Address 411 pierremont road			Transaction ID : SA11AI.4163		
City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			, , 1000.00		
Name of Employer Self		Occupation PhD			
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).....			, , 3000.00		
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 7 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11d <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) Cleonice Brucia			Date of Receipt M M / D D / Y Y Y Y 08 12 2013		
Mailing Address 3306 Shadow Wood			Transaction ID : SA11AI.4205		
City Haughton	State LA	Zip Code 71037	Amount of Each Receipt this Period , , 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 250.00		
Name of Employer Giuseppe Restraunt		Occupation Manager	Amount of Each Receipt this Period , , 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 250.00	Amount of Each Receipt this Period , , 250.00		

Full Name (Last, First, Middle Initial) Michael Carucci			Date of Receipt M M / D D / Y Y Y Y 09 08 2013		
Mailing Address 1101 Waynewood Blvd			Transaction ID : SA11AI.4261		
City Alexandria	State VA	Zip Code 22308	Amount of Each Receipt this Period , , 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 250.00		
Name of Employer Handysoft Global Corporation		Occupation Executive	Amount of Each Receipt this Period , , 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 250.00	Amount of Each Receipt this Period , , 250.00		

Full Name (Last, First, Middle Initial) Paul Cush			Date of Receipt M M / D D / Y Y Y Y 08 12 2013		
Mailing Address 829 Oneonta Street			Transaction ID : SA11AI.4171		
City Shreveport	State LA	Zip Code 71106	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 Cush's Grocery		Occupation Business Owner	Amount of Each Receipt this Period , , 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 500.00	Amount of Each Receipt this Period , , 500.00		

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) William Demaso			Date of Receipt M M / D D / Y Y Y Y 09 08 2013	
A. Mailing Address 1005 Neal Dr			Transaction ID : SA11AI.4265	
City Alexandria	State VA	Zip Code 22308	Amount of Each Receipt this Period \$, \$.	
FEC ID number of contributing federal political committee. C			250.00	
Name of Employer iGATE Technologies		Occupation Director of Defense Programs	, , .	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	250.00	

Full Name (Last, First, Middle Initial) Martha Ellard			Date of Receipt M M / D D / Y Y Y Y 08 12 2013	
B. Mailing Address 2703 Fairfield			Transaction ID : SA11AI.4175	
City Shreveport	State LA	Zip Code 71104	Amount of Each Receipt this Period \$, \$.	
FEC ID number of contributing federal political committee. C			2600.00	
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	2600.00	

Full Name (Last, First, Middle Initial) Keith and Karen Evans			Date of Receipt M M / D D / Y Y Y Y 07 26 2013	
C. Mailing Address 7717 Creswell Road, #21			Transaction ID : SA11AI.4139	
City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period \$, \$.	
FEC ID number of contributing federal political committee. C			1000.00	
Name of Employer Brammer Engineering, Inc.		Occupation Petroleum Engineer	, , .	
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).....			\$, \$.	
TOTAL This Period (last page this line number only).....			3850.00	

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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 9 OF 31	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) Terry Forrester			Date of Receipt M M / D D / Y Y Y Y 09 06 2013	
A. Mailing Address 6822 mclean province circle			Transaction ID : SA11AI.4257	
City falls church	State VA	Zip Code 22043	Amount of Each Receipt this Period \$, \$ 500.00	
FEC ID number of contributing federal political committee. C			Name of Employer Gun Safety Professionals, llc	
Name of Employer Gun Safety Professionals, llc			Occupation CEO	
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) Robin Hill			Date of Receipt M M / D D / Y Y Y Y 08 13 2013	
B. Mailing Address 6501 Flowerdew Hundred Court			Transaction ID : SA11AI.4337	
City Centreville	State VA	Zip Code 20120	Amount of Each Receipt this Period \$, \$ 300.00	
FEC ID number of contributing federal political committee. C			Name of Employer None	
Name of Employer None			Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, \$.		
			Non-Travel Advance (See Sch. D) [MEMO ITEM]	

Full Name (Last, First, Middle Initial) Richard John			Date of Receipt M M / D D / Y Y Y Y 08 12 2013	
C. Mailing Address 818 Delaware Street			Transaction ID : SA11AI.4179	
City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period \$, \$ 250.00	
FEC ID number of contributing federal political committee. C			Name of Employer Smith & John	
Name of Employer Smith & John			Occupation Attorney	
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).....	\$, \$ 750.00
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 10 OF 31	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Christopher Miciotto			Date of Receipt M M / D D / Y Y Y Y 08 12 2013	
Mailing Address 6610 Gilbert Drive			Transaction ID : SA11AI.4183	
City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period \$, \$ 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
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) B. Bill Sample			Date of Receipt M M / D D / Y Y Y Y 09 06 2013	
Mailing Address 265 Captain H. M. Shreve Blvd.			Transaction ID : SA11AI.4255	
City Shreveport	State LA	Zip Code 71115	Amount of Each Receipt this Period \$, \$ 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Farmer		
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) C. Charles Settgest			Date of Receipt M M / D D / Y Y Y Y 08 12 2013	
Mailing Address 7929 Timberlake Drive			Transaction ID : SA11AI.4189	
City West Melbourne	State FL	Zip Code 32904	Amount of Each Receipt this Period \$, \$ 650.00	
FEC ID number of contributing federal political committee. C				
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 \$, \$ 650.00		

SUBTOTAL of Receipts This Page (optional).....	\$, \$ 2650.00
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: PAGE 11 OF 31

(check only one)

<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. Craig Smith		Date of Receipt M M / D D / Y Y Y Y 08 12 2013
Mailing Address 3646 Youree Drive		Transaction ID : SA11AI.4191
City Shreveport	State LA	Zip Code 71105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ 250.00
Name of Employer Self	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	\$, \$ 250.00

Full Name (Last, First, Middle Initial) B. Daniel Tompkins		Date of Receipt M M / D D / Y Y Y Y 08 10 2013
Mailing Address 755 Brookstead Crossing		Transaction ID : SA11AI.4167
City Johns Creek	State GA	Zip Code 30097
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ 250.00
Name of Employer Admin America, Inc	Occupation Employee Benefits Administrator	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	\$, \$ 250.00

Full Name (Last, First, Middle Initial) C. Roland Touts		Date of Receipt M M / D D / Y Y Y Y 08 12 2013
Mailing Address 3238 Barksdale Blvd		Transaction ID : SA11AI.4193
City Bossier City	State LA	Zip Code 71112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$, \$ 1000.00
Name of Employer Thrifty Liquor Store	Occupation Business Owner	
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)	\$, \$ 1500.00
TOTAL This Period (last page this line number only)	\$, \$ 13945.00

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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 12 OF 31

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" 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) SHAK HILL			Date of Receipt M M / D D / Y Y Y Y 07 09 2013		
A. Mailing Address PO BOX 486			Transaction ID : SA13A.4638		
City CENTREVILLE	State VA	Zip Code 20122	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C S4VA00148			5000.00		
Name of Employer		Occupation	Loan , , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	5000.00		

Full Name (Last, First, Middle Initial) SHAK HILL			Date of Receipt M M / D D / Y Y Y Y 09 11 2013		
B. Mailing Address PO BOX 486			Transaction ID : SA13A.4102		
City CENTREVILLE	State VA	Zip Code 20122	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C S4VA00148			37520.00		
Name of Employer		Occupation	Loan , , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	42520.00		

Full Name (Last, First, Middle Initial) SHAK HILL			Date of Receipt M M / D D / Y Y Y Y 09 18 2013		
C. Mailing Address PO BOX 486			Transaction ID : SA13A.4103		
City CENTREVILLE	State VA	Zip Code 20122	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C S4VA00148			22915.00		
Name of Employer		Occupation	Loan , , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	65435.00		

SUBTOTAL of Receipts This Page (optional).....	65435.00
TOTAL This Period (last page this line number only).....	

14020142365

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 31

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) SHAK HILL		Date of Receipt M M / D D / Y Y Y Y 09 24 2013
Mailing Address PO BOX 486		Transaction ID : SA13A.4104
City CENTREVILLE	State VA	
FEC ID number of contributing federal political committee. C S4VA00148		Amount of Each Receipt this Period 22530.00
Name of Employer	Occupation	Loan
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 87965.00	

Full Name (Last, First, Middle Initial) SHAK HILL		Date of Receipt M M / D D / Y Y Y Y 09 30 2013
Mailing Address PO BOX 486		Transaction ID : SA13A.4105
City CENTREVILLE	State VA	
FEC ID number of contributing federal political committee. C S4VA00148		Amount of Each Receipt this Period 17135.00
Name of Employer	Occupation	Loan
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 105100.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y 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).....	39665.00
TOTAL This Period (last page this line number only).....	105100.00

14020142366

**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 31

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. Royal Alexander		Date of Disbursement M M / D D / Y Y Y Y 08 12 2013	
Mailing Address PO Box 1837		Amount of Each Disbursement this Period \$ 345.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : SB17.4295
Purpose of Disbursement In-kind - Printing and Postage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Royal Alexander		Date of Disbursement M M / D D / Y Y Y Y 08 12 2013	
Mailing Address PO Box 1837		Amount of Each Disbursement this Period \$ 600.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : SB17.4296
Purpose of Disbursement In-kind - Food & Beverages		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) c. Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 07 31 2013	
Mailing Address 117 N Saint Asaph St		Amount of Each Disbursement this Period \$ 650.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17.4339
Purpose of Disbursement Website Design		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	1595.00
TOTAL This Period (last page this line number only).....	\$	\$	

14020142367

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 07 31 2013
Mailing Address 117 N Saint Asaph St		Amount of Each Disbursement this Period \$ 60.06 Transaction ID : SB17.4341
City Alexandria State VA Zip Code 22314	Purpose of Disbursement CC Processing	
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:		

Full Name (Last, First, Middle Initial) B. Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 07 31 2013
Mailing Address 117 N Saint Asaph St		Amount of Each Disbursement this Period \$ 80.00 Transaction ID : SB17.4342
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Online Fundraising Fee	
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:		

Full Name (Last, First, Middle Initial) c. Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 08 31 2013
Mailing Address 117 N Saint Asaph St		Amount of Each Disbursement this Period \$ 99.22 Transaction ID : SB17.4343
City Alexandria State VA Zip Code 22314	Purpose of Disbursement CC Processing	
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)	\$ 239.28
TOTAL This Period (last page this line number only)	\$

14020142368

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 08 31 2013
Mailing Address 117 N Saint Asaph St		Amount of Each Disbursement this Period \$ \$ 113.40 Transaction ID : SB17.4344
City Alexandria	State VA	
Purpose of Disbursement Online Fundraising Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 09 30 2013
Mailing Address 117 N Saint Asaph St		Amount of Each Disbursement this Period \$ \$ 82.40 Transaction ID : SB17.4533
City Alexandria	State VA	
Purpose of Disbursement Online Fundraising Commission	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 09 30 2013
Mailing Address 117 N Saint Asaph St		Amount of Each Disbursement this Period \$ \$ 57.48 Transaction ID : SB17.4534
City Alexandria	State VA	
Purpose of Disbursement CC Processin	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ \$ 253.28
TOTAL This Period (last page this line number only).....	\$ \$.

14020142369

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
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 08 21 2013
Mailing Address 1100 N King St		Amount of Each Disbursement this Period \$ 2500.00 Transaction ID : SB17.4304
City Wilmington	State DE	
Zip Code 19884	Purpose of Disbursement Credit Card Bill Payment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 07 06 2013
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period \$ 151.06 Transaction ID : SB17.4304.2 [MEMO ITEM]
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:	

Full Name (Last, First, Middle Initial) c. Orbitz		Date of Disbursement M M / D D / Y Y Y Y 07 10 2013
Mailing Address 500 W Madison St Ste 1000		Amount of Each Disbursement this Period \$ 617.70 Transaction ID : SB17.4304.5 [MEMO ITEM]
City Chicago	State IL	
Zip Code 60661	Purpose of Disbursement Travel	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).....	\$	\$	2500.00
TOTAL This Period (last page this line number only).....	\$	\$	

14020142370

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2013
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period \$ 423.99 Transaction ID : SB17.4304.9 [MEMO ITEM]
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement Office Equipment and Supplies	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. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period \$ 39.95 Transaction ID : SB17.4304.10 [MEMO ITEM]
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	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period \$ 39.98 Transaction ID : SB17.4304.14 [MEMO ITEM]
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	
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).....	\$	\$	**

14020142371

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 08 10 2013
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period \$ 165.99
City Lexington	State MA Zip Code 02421	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : SB17.4304.27
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. Fairfax County Republican Committee - State Account		Date of Disbursement M M / D D / Y Y Y Y 08 13 2013
Mailing Address 4626 Chain Bridge Rd		Amount of Each Disbursement this Period \$ 500.00
City Fairfax	State VA Zip Code 22030	
Purpose of Disbursement Contribution	Candidate Name	Transaction ID : SB17.4304.32
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. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 08 14 2013
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period \$ 143.63
City Lexington	State MA Zip Code 02421	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : SB17.4304.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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

14020142372

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. FIA Card Services, N.A.		Date of Disbursement MM / DD / YYYY 08 / 21 / 2013
Mailing Address 1100 N King St		Amount of Each Disbursement this Period \$, \$ * 103.42 Transaction ID : SB17.4304.41
City Wilmington	State DE	
Zip Code 19884	Purpose of Disbursement Overpayment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. FIA Card Services, N.A.		Date of Disbursement MM / DD / YYYY 09 / 24 / 2013
Mailing Address 1100 N King St		Amount of Each Disbursement this Period \$, \$ * 2590.66 Transaction ID : SB17.4310
City Wilmington	State DE	
Zip Code 19884	Purpose of Disbursement Credit Card Bill Payment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Prince William County Republican Committee - State Account		Date of Disbursement MM / DD / YYYY 08 / 23 / 2013
Mailing Address 4431 Prince William Pkwy		Amount of Each Disbursement this Period \$, \$ * 264.74 Transaction ID : SB17.4310.0
City Woodbridge	State VA	
Zip Code 22192	Purpose of Disbursement Contribution	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).....	\$, \$ *	2590.66
TOTAL This Period (last page this line number only).....	\$, \$ *	

14020142373

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 31

<input checked="" type="checkbox"/> 17	<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. USAirways		Date of Disbursement M M / D D / Y Y Y Y 09 03 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period \$ 360.30
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Travel	Transaction ID : SB17.4310.5 [MEMO ITEM]
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. Ken Cuccinelli for Governor, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 07 2013
Mailing Address 10560 Main St Ste 218		Amount of Each Disbursement this Period \$ 275.00
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Contribuion	Transaction ID : SB17.4310.10 [MEMO ITEM]
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. Council for National Policy		Date of Disbursement M M / D D / Y Y Y Y 09 16 2013
Mailing Address 1411 K St NW Ste 601		Amount of Each Disbursement this Period \$ 625.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Event Registration	Transaction ID : SB17.4310.19 [MEMO ITEM]
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)..... \$

14020142374

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
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 08 22 2013	
Mailing Address 1100 N King St		Amount of Each Disbursement this Period \$ -15.00	
City Wilmington	State DE	Zip Code 19884	Transaction ID : SB17.4310.25
Purpose of Disbursement Refund of Late Fee		Category/ Type	[MEMO ITEM]
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. FIA Card Services, N.A.		Date of Disbursement M M / D D / Y Y Y Y 09 24 2013	
Mailing Address 1100 N King St		Amount of Each Disbursement this Period \$ 500.00	
City Wilmington	State DE	Zip Code 19884	Transaction ID : SB17.4310.26
Purpose of Disbursement Overpayment		Category/ Type	[MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Robin Hill		Date of Disbursement M M / D D / Y Y Y Y 09 30 2013	
Mailing Address 6501 Flowerdew Hundred Court		Amount of Each Disbursement this Period \$ 688.99	
City Centreville	State VA	Zip Code 20120	Transaction ID : SB17.4316
Purpose of Disbursement Reimbursement (See Below)		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	688.99
TOTAL This Period (last page this line number only).....	\$	\$	688.99

14020142376

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 31

<input checked="" type="checkbox"/> 17	<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. Robin Hill		Date of Disbursement M M / D D / Y Y Y Y 07 29 2013	
Mailing Address 6501 Flowerdew Hundred Court		Amount of Each Disbursement this Period 126.56 Transaction ID : SB17.4316.3 [MEMO ITEM]	
City Centreville	State VA		Zip Code 20120
Purpose of Disbursement Mileage Reimbursement	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:		

Full Name (Last, First, Middle Initial) B. IKEA		Date of Disbursement M M / D D / Y Y Y Y 08 04 2013	
Mailing Address 496 W Germantown Pike		Amount of Each Disbursement this Period 280.32 Transaction ID : SB17.4316.5 [MEMO ITEM]	
City Plymouth Meeting	State PA		Zip Code 19462
Purpose of Disbursement Office Furniture	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <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	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).....	0.00
TOTAL This Period (last page this line number only).....	7867.21

14020142377

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/10.4638**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** SHAK HILL
 Mailing Address PO BOX 486
 Election: 2014
 Primary
 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:
 M⁰⁷ / D⁰⁹ / Y²⁰¹³ M M / D D / Y^{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.

14020142378

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:
 M⁰⁹ / D¹¹ / Y²⁰¹³ M M / D D / Y^{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)..... ▶	37520.00
TOTALS This Period (last page in this line only)..... ▶	37520.00

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

14020142379

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/10.4103**

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
\$ 22915.00	\$ 0.00	\$ 22915.00

TERMS Date Incurred M⁰⁹ / D¹⁸ / Y²⁰¹³ Date Due M¹² / D³¹ / Y²⁰¹⁴ Interest Rate 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	\$ 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.

14020142380

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/10.4104**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

SHAK HILL

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:
	M ⁰⁹ / D ²⁴ / Y ²⁰¹³	M ¹² / D ³¹ / Y 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)..... ▶	22530.00
TOTALS This Period (last page in this line only)..... ▶	22530.00

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

14020142381

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/10.4105**

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
\$ 17135.00	\$ 0.00	\$ 17135.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M ⁰⁹ / D ³⁰ / Y ²⁰¹³	M ¹² / D ³¹ / Y 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.

14020142382

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): Reimbursement for Gas (Will Reimburse for Mileage Instead)
Mailing Address 6501 Flowerdew Hundred Court		
City Centreville	State VA Zip Code 20120	

Outstanding Balance Beginning This Period	Transaction ID : SD9.4469	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
348.05	0.00	348.05

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)	348.05
2) TOTALS This Period (last page this line number only)	348.05
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	348.05

14020142383

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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 State Zip Code Centreville VA 20120	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4338	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
300.00	0.00	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		
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)	300.00
2) TOTALS This Period (last page this line number only)	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

14020142384



Friends of Shakh Hill
PO Box 486
Centreville, VA 20122
Constitution First

Priority Mail

UNITED STATES POSTAL SERVICE

USPS TRACKING #

9114 9012 3080 1370 6554 01

Label 400 Jan. 2013
7690-16-000-7948

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FEB 07 2014

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486
JAN 31 14
AMOUNT
\$5.60
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U.S. SENATE TRACKING NUMBER

13-074917

INSPECTION

United States Senate Post Office

INSPECTION

United States Senate Post Office

INSPECTION

5822102041

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate
OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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Date of Receipt

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Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE
FEDERAL EXPRESS	_____
UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

NEXT BUSINESS DAY DELIVERY

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

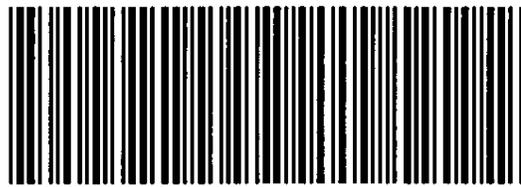
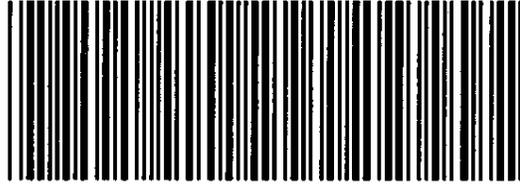
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Date of Receipt

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PREPARER MN DATE PREPARED 2/10/14

14020142386



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