



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Lavern Chatman for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 22 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 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))....	29831.00	416026.83
(b) Total Contribution Refunds (from Line 20(d)) .....	575.00	1075.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	29256.00	414951.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	93180.94	419342.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	93180.94	419342.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-890.73	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	4000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Lavern Chatman for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21562.00	404257.83
(ii) Unitemized.....	5769.00	5769.00
(iii) TOTAL of contributions from individuals ▶	27331.00	410026.83
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	6000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	29831.00	416026.83
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	20000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	20000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	29831.00	436026.83

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	93180.94	419342.56
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 .....	16000.00	16000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	16000.00	16000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	575.00	1075.00
(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)).....	575.00	1075.00
21. OTHER DISBURSEMENTS .....	500.00	500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	110255.94	436917.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	79534.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29831.00
25. SUBTOTAL (add Line 23 and Line 24).....	109365.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	110255.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-890.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Montez Anderson**

Mailing Address 705 Muirfield Cir

City State Zip Code  
Fort Washington MD 20744-7021

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

Name of Employer Occupation  
Constella Solutions Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : VNJ2RCPGQN1**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrea Bailey**

Mailing Address 4265 Moot Dr

City State Zip Code  
Dumfries VA 22025-3120

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

Name of Employer Occupation  
Affairs Remembered, LLC-Self Employed Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : VNJ2RCPDGC3**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Deborah Burks**

Mailing Address 1119 Raintree Dr

City State Zip Code  
Charlottesville VA 22901-0905

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

Name of Employer Occupation  
J . F. Bell Funeral Home Community Relations/ Advertising/Grief

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : VNJ2RCP3WM3**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Elenora Carpenter**

Mailing Address 3059 S Buchanan St  
B1

City State Zip Code  
Arlington VA 22206-1510

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

Name of Employer Occupation  
USN Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ2RCPSMX9**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward Charity Jr.**

Mailing Address 545 N Pollard St  
Suite 305

City State Zip Code  
Arlington VA 22203

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

Name of Employer Occupation  
Project Management Systems Consultants President & Chief Executive Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : VNJ2RCPDJ37**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Isabel Crocker**

Mailing Address 75 Legend Dr

City State Zip Code  
Fredericksburg VA 22406-8449

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

Name of Employer Occupation  
Federal Government Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : VNJ2RCNT6N3**

Amount of Each Receipt this Period  
50.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Isabel Crocker**

Mailing Address 75 Legend Dr

City State Zip Code  
Fredericksburg VA 22406-8449

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

Name of Employer Occupation  
Federal Government Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : VNJ2RCNY2M7**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
**Isabel Crocker**

Mailing Address 75 Legend Dr

City State Zip Code  
Fredericksburg VA 22406-8449

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

Name of Employer Occupation  
Federal Government Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : VNJ2RCPEHT3**

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
**Anne Cummings**

Mailing Address PO Box 12124

City State Zip Code  
Arlington VA 22219-2124

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

Name of Employer Occupation  
U.S. Dept of Health and Human Services International Health

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : VNJ2RCPAWH4**

Amount of Each Receipt this Period  
100.00

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

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

120.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Che Curtis**

Mailing Address 4102 Queen Beth Dr

City Greensboro State NC Zip Code 27405-6359

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

Name of Employer Lavern Chatman for Congress Occupation Deputy Campaign Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2014**

**Transaction ID : VNJ2RCNQWF7**

Amount of Each Receipt this Period  
**10.00**

**B.** Full Name (Last, First, Middle Initial)  
**Walter B Davis**

Mailing Address PO Box 35241

City Charlotte State NC Zip Code 28235-5241

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

Name of Employer Walter B. Davis Co. Occupation Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : VNJ2RCPGTD4**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ralph B Everett**

Mailing Address 9310 Ludgate Dr

City Alexandria State VA Zip Code 22309-2740

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 24 / 2014**

**Transaction ID : VNJ2RCNTCF9**

Amount of Each Receipt this Period  
**250.00**

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

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

**760.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Deborah Foster**

Mailing Address 6212 Windham Hill Run

City State Zip Code  
Alexandria VA 22315-3722

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

Name of Employer Occupation  
United Way Worldwide Nonprofit Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : VNJ2RCPCF99**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gayle and Jim Green**

Mailing Address 10327 Zion Dr

City State Zip Code  
Fairfax VA 22032-3231

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

Name of Employer Occupation  
Customers Rule Ins. Agency Administration

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : VNJ2RCQ1503**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Carole F. Hoover**

Mailing Address 2 Bratenahl Pl  
Apt 7A

City State Zip Code  
Bratenahl OH 44108-1171

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

Name of Employer Occupation  
HooverMilstein President / CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 09 / 2014**

**Transaction ID : VNJ2RCPXK67**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1525.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Howard**

Mailing Address 10036 Treeside Ln

City State Zip Code  
Matthews NC 28105-7223

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

Name of Employer Occupation  
City of Charlotte Councilman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : VNJ2RCNQP97**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Karen F Johnson**

Mailing Address 6403 Hawk View Ln

City State Zip Code  
Alexandria VA 22312-3984

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

Name of Employer Occupation  
Federal government Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : VNJ2RCNVCM7**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Thelma D Jones**

Mailing Address 328 N St SW

City State Zip Code  
Washington DC 20024-2904

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  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2014

**Transaction ID : VNJ2RCPXAS8**

Amount of Each Receipt this Period  
200.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thelma D Jones**

Mailing Address 328 N St SW

City Washington State DC Zip Code 20024-2904

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : VNJ2RCPY9R6**

Amount of Each Receipt this Period  
 220.00

Amount of Each Receipt this Period  
 420.00

**B.** Full Name (Last, First, Middle Initial)  
**Thelma D Jones**

Mailing Address 328 N St SW

City Washington State DC Zip Code 20024-2904

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : VNJ2RCQ0WV8**

Amount of Each Receipt this Period  
 12.00

Amount of Each Receipt this Period  
 432.00

**C.** Full Name (Last, First, Middle Initial)  
**J Gilmour Lake**

Mailing Address 1 Graylyn Place Ct

City Winston Salem State NC Zip Code 27106-5855

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

Name of Employer Retired Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : VNJ2RCNWJV9**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 500.00

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

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

482.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael E. Maroone**

Mailing Address 909 SE 26th Ave

City Ft Lauderdale State FL Zip Code 33301-2713

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

Name of Employer AutoNation, Inc. Occupation Director, President and Chief Operatin

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : VNJ2RCPF3E8**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Monica McClendon**

Mailing Address 3213 Duke St # 134

City Alexandria State VA Zip Code 22314-4533

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

Name of Employer KBR Occupation Accountant

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : VNJ2RCNR930**

Amount of Each Receipt this Period  
 150.00

**C.** Full Name (Last, First, Middle Initial)  
**Johnnie Miles**

Mailing Address 13207 Franklin View Ct

City Fairfax State VA Zip Code 22033-1129

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

Name of Employer JH Miles & Associates, Inc. Occupation Consulting

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : VNJ2RCNY5J7**

Amount of Each Receipt this Period  
 100.00

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marc Morial**

Mailing Address 120 Wall St

City State Zip Code  
New York NY 10005-3904

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

Name of Employer Occupation  
Urban League President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 07 / 2014

**Transaction ID : VNJ2RCPWD58**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Brenda Otis**

Mailing Address 10502 Wickens Rd

City State Zip Code  
Vienna VA 22181-3032

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

Name of Employer Occupation  
Retired co-owner of private family bus 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  
 06 / 02 / 2014

**Transaction ID : VNJ2RCPCT27**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Lillie Parker**

Mailing Address 3805 Kings Hill Ct

City State Zip Code  
Alexandria VA 22309-2067

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

Name of Employer Occupation  
Alion Science and Technology Defense Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : VNJ2RCPBZQ6**

Amount of Each Receipt this Period  
500.00

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

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

3300.00

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

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

FOR LINE NUMBER: PAGE 14 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lutrelle F Parker Jr**

Mailing Address 3805 Kings Hill Ct

City State Zip Code  
Alexandria VA 22309-2067

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

Name of Employer Occupation  
Alion Science & Technology Defense Contractor Program Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : VNJ2RCPC007**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mamie A Parker**

Mailing Address 45788 Shagbark Ter

City State Zip Code  
Sterling VA 20166-9294

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

Name of Employer Occupation  
MA Parker & Associates, LLC Executive Coaching

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : VNJ2RCPAY86**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Pamela Perkins**

Mailing Address 9298 Cardinal Forest Ln  
Unit 301

City State Zip Code  
Lorton VA 22079-2879

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

Name of Employer Occupation  
US Patent & Trademark Office Patent Examiner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 07 / 2014

**Transaction ID : VNJ2RCPWD40**

Amount of Each Receipt this Period  
150.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Pamela Perkins**

Mailing Address 9298 Cardinal Forest Ln  
Unit 301

City Lorton State VA Zip Code 22079-2879

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

Name of Employer US Patent & Trademark Office Occupation Patent Examiner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 08 / 2014

**Transaction ID : VNJ2RCPXF28**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Sharon Pratt**

Mailing Address 4419 15th St NW

City Washington State DC Zip Code 20011-7023

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

Name of Employer Pratt Consulting LLC Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : VNJ2RCPMY0**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**R. Lucia Riddle**

Mailing Address 1099 22nd St NW  
Apt 407

City Washington State DC Zip Code 20037-1824

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

Name of Employer Sister Strength, LLC Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : VNJ2RCNWSX0**

Amount of Each Receipt this Period  
**500.00**

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ted W Rollins**

Mailing Address 416 Audubon Rd

City Greenville State SC Zip Code 29609-6658

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

Name of Employer Campus Crest Real Estate Management Occupation Board Co-Chairman and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ2RCP46Q7**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Cynthia Samuelson**

Mailing Address 7809 Belleflower Dr

City Springfield State VA Zip Code 22152-3120

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

Name of Employer SCA, Inc Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : VNJ2RCNT995**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Martha Schuler**

Mailing Address 5120 Donovan Dr Apt 202

City Alexandria State VA Zip Code 22304-8661

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : VNJ2RCPFAB0**

Amount of Each Receipt this Period  
 200.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SD Sellars**

Mailing Address 1610 Andover Rd

City State Zip Code  
Charlotte NC 28211-1814

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

Name of Employer Occupation  
TPM Consulting Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : VNJ2RCP9537**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**SD Sellars**

Mailing Address 1610 Andover Rd

City State Zip Code  
Charlotte NC 28211-1814

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

Name of Employer Occupation  
TPM Consulting Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

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

**Transaction ID : VNJ2RCPR417**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jamal Simmons**

Mailing Address 440 Rhode Island Ave NW  
Apt 104

City State Zip Code  
Washington DC 20001-2230

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

Name of Employer Occupation  
The Raben Group Public Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ2RCP3P52**

Amount of Each Receipt this Period  
250.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kim Stallings**

Mailing Address 2100 Sahalea Ter

City State Zip Code  
Silver Spring MD 20905-3900

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

Name of Employer Occupation  
Sonic-Radiologics, LLC Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNJ2RCP45T0**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dana Taylor**

Mailing Address PO Box 6537

City State Zip Code  
Arlington VA 22206-0537

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

Name of Employer Occupation  
Intelligent Ethos, Inc. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : VNJ2RCPHAP9**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Ethel Lee Walker**

Mailing Address 221 Ingraham St NW

City State Zip Code  
Washington DC 20011-6625

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

Name of Employer Occupation  
Retired Retired Bur of Naval Personnel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : VNJ2RCNVCY4**

Amount of Each Receipt this Period  
50.00

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 19 OF 56  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ethel Lee Walker**

Mailing Address 221 Ingraham St NW

City Washington State DC Zip Code 20011-6625

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

Name of Employer Retired Occupation Retired Bur of Naval Personnel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1125.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : VNJ2RCPD7B6**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Carol Wells**

Mailing Address 6040 Old Telegraph Rd

City Alexandria State VA Zip Code 22310-2146

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

Name of Employer ACSG Inc Occupation Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : VNJ2RCPSMN6**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Darrell K. White**

Mailing Address 7836 Fordson Rd

City Alexandria State VA Zip Code 22306-2837

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

Name of Employer Bethlehem Baptist Church Occupation Pastor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : VNJ2RCNSFR8**

Amount of Each Receipt this Period  
**500.00**

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

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

**775.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence D Wilder**

Mailing Address **PO Box 1354**

City **Richmond** State **VA** Zip Code **23218-1354**

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

Name of Employer **Virginia Commonwealth University** Occupation **Professor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 07 / 2014**

**Transaction ID : VNJ2RCPWDX7**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kwamina Williford**

Mailing Address **860 Charter Oaks Dr**

City **Charlottesville** State **VA** Zip Code **22901-0630**

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

Name of Employer **Holland & Knight, LLP** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : VNJ2RCP44C7**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Kimberly Woodard**

Mailing Address **5003 3rd St NW**

City **Washington** State **DC** Zip Code **20011-4121**

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

Name of Employer **the WesleyPrestonGreen group (self)** Occupation **Government Relations**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : VNJ2RCP8Y99**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michelynn Woodard**

Mailing Address 1419 Peerless Pl  
Apt 305

City Los Angeles State CA Zip Code 90035-2866

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

Name of Employer Dr. Phil Foundation Occupation President and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : VNJ2RCNHGN4**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

21562.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 600 Corporate Park Dr

City Saint Louis State MO Zip Code 63105-4204

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : VNJ2RCQ0ZM8**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE**

Mailing Address 942 S Shady Grove Rd

City Memphis State TN Zip Code 38120-4117

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : VNJ2RCPD0P8**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alexandria Times</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 110 S Pitt St Ste 200		Amount of Each Disbursement this Period 168.00 <b>Transaction ID : VNH3G9SB7T2</b>
City Alexandria State VA Zip Code 22314-3126	Purpose of Disbursement Advertising 004 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>B. Alexandria Times</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 110 S Pitt St Ste 200		Amount of Each Disbursement this Period 168.00 <b>Transaction ID : VNH3G9SB7V0</b>
City Alexandria State VA Zip Code 22314-3126	Purpose of Disbursement Advertising 004 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>c. Ngozi Alston</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 93 Mariners Cove Rd Apt B		Amount of Each Disbursement this Period 506.00 <b>Transaction ID : VNH3G9SB5P5</b>
City Hampton State VA Zip Code 23669-4699	Purpose of Disbursement Pay Roll - Field 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	842.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56			
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ngozi Alston</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 93 Mariners Cove Rd Apt B		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNH3G9SB5Q3</b>
City Hampton	State VA Zip Code 23669-4699	
Purpose of Disbursement Pay Roll - Field	Category/Type 001	
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>B. Arlington County Democratic Committee</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 2050 Wilson Blvd # 200		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : VNH3G9SBP58</b>
City Arlington	State VA Zip Code 22201-3007	
Purpose of Disbursement Ad	Category/Type 004	
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>c. Arlington County Democratic Committee</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 2050 Wilson Blvd # 200		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : VNH3G9SBP66</b>
City Arlington	State VA Zip Code 22201-3007	
Purpose of Disbursement Event Tickets	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 56			
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Avenue Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address 1503 Pennsylvania Ave SE		Amount of Each Disbursement this Period 307.40 <b>Transaction ID : VNH3G9SBPG5</b>
City Washington State DC Zip Code 20003-3117	Purpose of Disbursement Volunteer Thank You Gifts Candidate Name Category/Type 001	
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>B. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 3401 Jefferson Davis Hwy		Amount of Each Disbursement this Period 137.79 <b>Transaction ID : VNH3G9SB8E8</b>
City Alexandria State VA Zip Code 22305-3114	Purpose of Disbursement Internet Router Candidate Name Category/Type 001	
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>c. Chart House</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 1 Cameron St		Amount of Each Disbursement this Period 253.56 <b>Transaction ID : VNH3G9SB7E7</b>
City Alexandria State VA Zip Code 22314-3235	Purpose of Disbursement Staff Meal Candidate Name Category/Type 001	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	698.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Classic Caterers LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2014
Mailing Address 7516 Fullerton Rd Ste F		Amount of Each Disbursement this Period 4,500.00 1585.75
City Springfield	State VA Zip Code 22153-2812	
Purpose of Disbursement Catering	Category/Type 007	<b>Transaction ID : VNH3G9SB418</b>
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>B. Che Curtis</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 4102 Queen Beth Dr		Amount of Each Disbursement this Period 4,500.00 1350.00
City Greensboro	State NC Zip Code 27405-6359	
Purpose of Disbursement Pay Roll - Field	Category/Type 001	<b>Transaction ID : VNH3G9SB3D0</b>
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>c. Che Curtis</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 4102 Queen Beth Dr		Amount of Each Disbursement this Period 4,500.00 1350.00
City Greensboro	State NC Zip Code 27405-6359	
Purpose of Disbursement Pay Roll - Field	Category/Type 001	<b>Transaction ID : VNH3G9SB3E8</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4285.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. DC Shirt &amp; Print Company</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 6925 Willow St NW Ste 299		Amount of Each Disbursement this Period 409.67
City Washington	State DC	
Zip Code 20012-2000	Purpose of Disbursement Shirts	<b>Transaction ID : VNH3G9SB8N3</b>
Candidate Name	Category/Type 006	
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>B. Jack Dobbyn Jr</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 3418 Memorial St		Amount of Each Disbursement this Period 1540.00
City Alexandria	State VA	
Zip Code 22306-1547	Purpose of Disbursement Consulting Fee - Finance	<b>Transaction ID : VNH3G9SHKY5</b>
Candidate Name	Category/Type 001	
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>c. Edible Arrangements</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 95 Barnes Rd		Amount of Each Disbursement this Period 228.90
City Wallingford	State CT	
Zip Code 06492-1800	Purpose of Disbursement Volunteer Thank You Gifts	<b>Transaction ID : VNH3G9SB8P1</b>
Candidate Name	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2178.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lachelle Edward</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 6809 W Forest Rd Apt 301		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : VNH3G9SB7N3</b>
City Landover	State MD Zip Code 20785-3338	
Purpose of Disbursement Production Expense - Makeup	Category/Type 001	
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>B. Facebook, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 240.63 <b>Transaction ID : VNH3G9SB7J9</b>
City Menlo Park	State CA Zip Code 94025-1452	
Purpose of Disbursement Advertising	Category/Type 004	
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>c. Facebook, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 13.80 <b>Transaction ID : VNH3G9SB7M5</b>
City Menlo Park	State CA Zip Code 94025-1452	
Purpose of Disbursement Advertising	Category/Type 004	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	554.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 32133.61 <b>Transaction ID : VNH3G9SC184</b>
City Menlo Park State CA Zip Code 94025-1452	Purpose of Disbursement Ads	
Candidate Name	Category/Type 004	
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>B. Fletcher Rowley</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1720 W End Ave Ste 630		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : VNH3G9SB7P1</b>
City Nashville State TN Zip Code 37203-2607	Purpose of Disbursement Radio & Pre-Roll Buy	
Candidate Name	Category/Type 004	
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>c. Fletcher Rowley</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1720 W End Ave Ste 630		Amount of Each Disbursement this Period 20000.00 <b>Transaction ID : VNH3G9SB7Q8</b>
City Nashville State TN Zip Code 37203-2607	Purpose of Disbursement TV Buy	
Candidate Name	Category/Type 004	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	32133.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gas Station TV</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 255 S Old Woodward Ave Ste 200		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VNH3G9SB7X4</b>
City Birmingham	State MI Zip Code 48009-6184	
Purpose of Disbursement Advertising	Category/Type 004	
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>B. Zachary Hall</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 301 I St. Apt 102, NE		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : VNH3G9SB6G0</b>
City Washington	State DC Zip Code 20002-4341	
Purpose of Disbursement Pay Roll - Finance	Category/Type 001	
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>c. Zachary Hall</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 301 I St. Apt 102, NE		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : VNH3G9SB6J6</b>
City Washington	State DC Zip Code 20002-4341	
Purpose of Disbursement Pay Roll - Finance	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hampton Inn</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 5821 Richmond Hwy		Amount of Each Disbursement this Period 829.07
City Alexandria	State VA	
Zip Code 22303-1802	Purpose of Disbursement GOTV Lodging	<b>Transaction ID : VNH3G9SB8M6</b>
Candidate Name	001 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>B. Garrett N James</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 6804 Pickett Dr		Amount of Each Disbursement this Period 300.00
City Morningside	State MD	
Zip Code 20746-4617	Purpose of Disbursement Photographpy	<b>Transaction ID : VNH3G9SB8G4</b>
Candidate Name	007 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>c. Brian Jones</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 14842 Shorewood Ct		Amount of Each Disbursement this Period 506.00
City Midlothian	State VA	
Zip Code 23112-3092	Purpose of Disbursement Pay Roll - Field	<b>Transaction ID : VNH3G9SB5G8</b>
Candidate Name	001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1635.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Brian Jones</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 14842 Shorewood Ct		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNH3G9SB5K1</b>
City Midlothian	State VA Zip Code 23112-3092	
Purpose of Disbursement Pay Roll - Field	Category/Type 001	
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>B. KAF LLC Multi-Purpose Center</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 6343 S Kings Hwy		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : VNH3G9SB3N3</b>
City Alexandria	State VA Zip Code 22306-1052	
Purpose of Disbursement Event Space	Category/Type 007	
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>C. KAF LLC Multi-Purpose Center</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 6343 S Kings Hwy		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : VNH3G9SB3W9</b>
City Alexandria	State VA Zip Code 22306-1052	
Purpose of Disbursement Rent	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 56			
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Courage Kimber</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 4201 Wilson Blvd Apt 110-372		Amount of Each Disbursement this Period 316.00
City Arlington	State VA	
Zip Code 22203-1859	Purpose of Disbursement Pay Roll - Field	<b>Transaction ID : VNH3G9SB5X0</b>
Candidate Name	001 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>B. Courage Kimber</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 4201 Wilson Blvd Apt 110-372		Amount of Each Disbursement this Period 500.00
City Arlington	State VA	
Zip Code 22203-1859	Purpose of Disbursement Pay Roll - Field	<b>Transaction ID : VNH3G9SB5Z6</b>
Candidate Name	001 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>c. Local Media Connection</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 1179		Amount of Each Disbursement this Period 102.53
City Alexandria	State VA	
Zip Code 22313-1179	Purpose of Disbursement Advertising	<b>Transaction ID : VNH3G9SB7R6</b>
Candidate Name	004 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	918.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 56			
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial)  
**A. Local Media Connection**

Mailing Address PO Box 1179

City Alexandria State VA Zip Code 22313-1179

Purpose of Disbursement Advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 30 / 2014

Amount of Each Disbursement this Period: 102.53

Transaction ID : VNH3G9SB7S4

Category/Type: 004

Full Name (Last, First, Middle Initial)  
**B. Mia Miller**

Mailing Address 11507 Cosca Park PI

City Clinton State MD Zip Code 20735-4183

Purpose of Disbursement Videography

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 22 / 2014

Amount of Each Disbursement this Period: 750.00

Transaction ID : VNH3G9S5X46

Category/Type: 004

Full Name (Last, First, Middle Initial)  
**C. Mia Miller**

Mailing Address 11507 Cosca Park PI

City Clinton State MD Zip Code 20735-4183

Purpose of Disbursement Pay Roll - Comms

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 30 / 2014

Amount of Each Disbursement this Period: 750.00

Transaction ID : VNH3G9SB808

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 1602.53

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 56	
	<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)  
**Lavern Chatman for Congress**

**A. Mount Vernon Voice**

Full Name (Last, First, Middle Initial)  
Mailing Address 7946 Fort Hunt Rd

City Alexandria State VA Zip Code 22308-1249

Purpose of Disbursement Advertising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 299.00

Transaction ID : VNH3G9SB7W6

Category/Type: 004

**B. Daniel Mullin**

Full Name (Last, First, Middle Initial)  
Mailing Address 11801 Stoney Creek Rd

City Potomac State MD Zip Code 20854-1159

Purpose of Disbursement Pay Roll - Field

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 05 / 30 / 2014

Amount of Each Disbursement this Period: 562.50

Transaction ID : VNH3G9SB5D4

Category/Type: 001

**c. Daniel Mullin**

Full Name (Last, First, Middle Initial)  
Mailing Address 11801 Stoney Creek Rd

City Potomac State MD Zip Code 20854-1159

Purpose of Disbursement Pay Roll - Field

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 06 / 10 / 2014

Amount of Each Disbursement this Period: 750.00

Transaction ID : VNH3G9SB5E2

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 1611.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : VNH3G9SB8Q9</b>
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement NGP	Category/Type 001	
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>B. O.B. Dailey &amp; Associates</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 2375.00 <b>Transaction ID : VNH3G9S6660</b>
City Springfield	State VA Zip Code 22151-0621	
Purpose of Disbursement Consulting Fee	Category/Type 001	
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>c. Jacob Palalay</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 311 Marsh View Ct		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : VNH3G9SB5B8</b>
City Carrollton	State VA Zip Code 23314-2243	
Purpose of Disbursement Pay Roll - Field Director	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4775.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 56			
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jacob Palalay</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 311 Marsh View Ct		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : VNH3G9SB5C6</b>
City Carrollton	State VA	
Zip Code 23314-2243	Purpose of Disbursement Pay Roll - Field Director	Category/ Type 001
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>B. Party Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 3513 S Jefferson St		Amount of Each Disbursement this Period 201.40 <b>Transaction ID : VNH3G9SB569</b>
City Falls Church	State VA	
Zip Code 22041-3106	Purpose of Disbursement Event Supplies	Category/ Type 007
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>C. Prime Rate Premium Finance Corporation, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address PO Box 100507		Amount of Each Disbursement this Period 430.36 <b>Transaction ID : VNH3G9SB6M2</b>
City Florence	State SC	
Zip Code 29502-0507	Purpose of Disbursement Insurance	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2131.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rx Catering</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 444 Swann Ave Ste D		Amount of Each Disbursement this Period 561.78
City Alexandria	State VA	
Zip Code 22301-1072	Purpose of Disbursement GOTV Lunch	<b>Transaction ID : VNH3G9SB7B4</b>
Candidate Name	Category/Type 001	
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>B. Sage Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 1067.94
City McLean	State VA	
Zip Code 22102-4304	Purpose of Disbursement Credit Card Processing Fee	<b>Transaction ID : VNH3G9SB373</b>
Candidate Name	Category/Type 003	
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>C. Ambur Smith</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 1435 S Main Chapel Way Unit C235		Amount of Each Disbursement this Period 506.00
City Gambrills	State MD	
Zip Code 21054-1894	Purpose of Disbursement Pay Roll - Field	<b>Transaction ID : VNH3G9SB5M9</b>
Candidate Name	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2135.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ambur Smith</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 1435 S Main Chapel Way Unit C235		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNH3G9SB5N7</b>
City Gambrills	State MD	
Zip Code 21054-1894	Purpose of Disbursement Pay Roll - Field	Category/ Type 001
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>B. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 6548 B Little River Turnpike		Amount of Each Disbursement this Period 31.79 <b>Transaction ID : VNH3G9SB8B4</b>
City Annandale	State VA	
Zip Code 22312	Purpose of Disbursement Office Supplies	Category/ Type 001
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>c. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 6548 B Little River Turnpike		Amount of Each Disbursement this Period 77.98 <b>Transaction ID : VNH3G9SB8C2</b>
City Annandale	State VA	
Zip Code 22312	Purpose of Disbursement Office Supplies	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	609.77
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 56			
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 6548 B Little River Turnpike		Amount of Each Disbursement this Period 112.61 <b>Transaction ID : VNH3G9SB8D0</b>
City Annandale State VA Zip Code 22312	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
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>B. Jordan Stawecki</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 63 Queens Ct		Amount of Each Disbursement this Period 506.00 <b>Transaction ID : VNH3G9SB5T7</b>
City Newport News State VA Zip Code 23606-2034	Purpose of Disbursement Pay Roll - Field Candidate Name Category/Type 001	
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>c. Jordan Stawecki</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 63 Queens Ct		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNH3G9SB5W2</b>
City Newport News State VA Zip Code 23606-2034	Purpose of Disbursement Pay Roll - Field Candidate Name Category/Type 001	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1118.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 56			
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alex Stephens</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 920 Armfield Cir Apt 203		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : VNH3G9SB6D7</b>
City Norfolk	State VA Zip Code 23505-3239	
Purpose of Disbursement Pay Roll - Finance	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>B. Alex Stephens</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 920 Armfield Cir Apt 203		Amount of Each Disbursement this Period 506.00 <b>Transaction ID : VNH3G9SBP82</b>
City Norfolk	State VA Zip Code 23505-3239	
Purpose of Disbursement Pay Roll - Field	Category/Type 001	
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>c. Alex Stephens</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 920 Armfield Cir Apt 203		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : VNH3G9SB6F2</b>
City Norfolk	State VA Zip Code 23505-3239	
Purpose of Disbursement Pay Roll - Finance	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3506.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Target</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 6600 Richmond Hwy		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : VNH3G9SB612</b>
City Alexandria	State VA	
Zip Code 22306-6601	Purpose of Disbursement Volunteer Thank You Gifts	Category/ Type 001
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>B. Target</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 6600 Richmond Hwy		Amount of Each Disbursement this Period 335.81 <b>Transaction ID : VNH3G9SB638</b>
City Alexandria	State VA	
Zip Code 22306-6601	Purpose of Disbursement Volunteer Thank You Gifts	Category/ Type 001
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>c. Target</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 6600 Richmond Hwy		Amount of Each Disbursement this Period 376.00 <b>Transaction ID : VNH3G9SB646</b>
City Alexandria	State VA	
Zip Code 22306-6601	Purpose of Disbursement Volunteer Thank You Gifts	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	986.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Target</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 6600 Richmond Hwy		Amount of Each Disbursement this Period 110.00
City Alexandria	State VA	
Zip Code 22306-6601	Purpose of Disbursement Volunteer Thank You Gifts	<b>Transaction ID : VNH3G9SB653</b>
Candidate Name	Category/ Type 001	
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>B. Target</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 6600 Richmond Hwy		Amount of Each Disbursement this Period 424.00
City Alexandria	State VA	
Zip Code 22306-6601	Purpose of Disbursement Volunteer Thank You Gifts	<b>Transaction ID : VNH3G9SB661</b>
Candidate Name	Category/ Type 001	
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>c. Target</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 6600 Richmond Hwy		Amount of Each Disbursement this Period 479.00
City Alexandria	State VA	
Zip Code 22306-6601	Purpose of Disbursement Volunteer Thank You Gifts	<b>Transaction ID : VNH3G9SB679</b>
Candidate Name	Category/ Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1013.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 56			
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Target</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 6600 Richmond Hwy		Amount of Each Disbursement this Period 318.00
City Alexandria	State VA	
Zip Code 22306-6601	Purpose of Disbursement Volunteer Thank You Gifts	<b>Transaction ID : VNH3G9SB687</b>
Candidate Name	Category/ Type 001	
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>B. The Maids International, Inc</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 9394 W Dodge Rd Ste 140		Amount of Each Disbursement this Period 240.00
City Omaha	State NE	
Zip Code 68114-3326	Purpose of Disbursement Office Cleaning	<b>Transaction ID : VNH3G9SC2X2</b>
Candidate Name	Category/ Type 001	
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>c. The Ruppert Co., LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 35 E Gay St Ste 248		Amount of Each Disbursement this Period 1000.00
City Columbus	State OH	
Zip Code 43215-8128	Purpose of Disbursement Consulting Fee - Compliance Services	<b>Transaction ID : VNH3G9SB6K4</b>
Candidate Name	Category/ Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1558.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Thevos</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014		
Mailing Address 3006 Waterway Blvd			Amount of Each Disbursement this Period 750.00		
City Isle Of Palms	State SC	Zip Code 29451-2427	Transaction ID : VNH3G9SB5R1		
Purpose of Disbursement Pay Roll - Field		Category/ Type 001			
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>B. John Thevos</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014		
Mailing Address 3006 Waterway Blvd			Amount of Each Disbursement this Period 750.00		
City Isle Of Palms	State SC	Zip Code 29451-2427	Transaction ID : VNH3G9SB5S9		
Purpose of Disbursement Pay Roll - Field		Category/ Type 001			
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>c. Ajashu Thomas</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014		
Mailing Address 316 Ashby St Apt A			Amount of Each Disbursement this Period 2500.00		
City Alexandria	State VA	Zip Code 22305-2910	Transaction ID : VNH3G9SB7Y2		
Purpose of Disbursement Pay Roll - Comms		Category/ Type 001			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ajashu Thomas</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 316 Ashby St Apt A		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VNH3G9SB720</b>
City Alexandria	State VA Zip Code 22305-2910	
Purpose of Disbursement Pay Roll - Comms	Category/Type 001	
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>B. Khalil Thompson</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 1916 R St NW Apt 403		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : VNH3G9SB381</b>
City Washington	State DC Zip Code 20009-1023	
Purpose of Disbursement Consulting Fee - General Campaign Consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Khalil Thompson</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 1916 R St NW Apt 403		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : VNH3G9SB399</b>
City Washington	State DC Zip Code 20009-1023	
Purpose of Disbursement Consulting Fee - General Campaign Consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Total Wine &amp; More</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 09 / 2014</b>
Mailing Address <b>6240 Little River Tpke</b>		Amount of Each Disbursement this Period <b>754.97</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22312-1714</b>
Purpose of Disbursement <b>Catering</b>	Category/Type <b>007</b>	
Candidate Name		<b>Transaction ID : VNH3G9SB4M8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Town and Country Properties, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 03 / 2014</b>
Mailing Address <b>115 Park Ave</b>		Amount of Each Disbursement this Period <b>1600.00</b>
City <b>Falls Church</b>	State <b>VA</b>	Zip Code <b>22046-4339</b>
Purpose of Disbursement <b>Rent</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNH3G9SB8K8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. TruBlue Politics</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 03 / 2014</b>
Mailing Address <b>10133 Maplewood Dr</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>Ellicott City</b>	State <b>MD</b>	Zip Code <b>21042-1622</b>
Purpose of Disbursement <b>GOTV Hand Bills / Cards</b>	Category/Type <b>006</b>	
Candidate Name		<b>Transaction ID : VNH3G9SB6P8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4854.97</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 56			
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Megan Tyler</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 9715 Holmhurst Rd		Amount of Each Disbursement this Period 2750.00 <b>Transaction ID : VNH3G9SB3A7</b>
City Bethesda	State MD	
Zip Code 20817-1613	Purpose of Disbursement Consulting Fee - Operations Management	Category/ Type 001
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>B. Megan Tyler</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 9715 Holmhurst Rd		Amount of Each Disbursement this Period 2750.00 <b>Transaction ID : VNH3G9SB3B4</b>
City Bethesda	State MD	
Zip Code 20817-1613	Purpose of Disbursement Consulting Fee - Operations Management	Category/ Type 001
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>c. Vapiano</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 4401 Wilson Blvd		Amount of Each Disbursement this Period 259.30 <b>Transaction ID : VNH3G9SB6V7</b>
City Arlington	State VA	
Zip Code 22203-4194	Purpose of Disbursement Staff Meal	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5759.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 56			
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Walgreens</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 615 King St		Amount of Each Disbursement this Period 423.80 <b>Transaction ID : VNH3G9SB6B1</b>
City Alexandria	State VA	
Purpose of Disbursement Volunteer Thank You Gifts		Category/ Type 001
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>B. Saleem Waters</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 4052 Hanson Oaks Dr		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : VNH3G9SB4X7</b>
City Hyattsville	State MD	
Purpose of Disbursement Sound System		Category/ Type 007
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>c. Wells Fargo Bank</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2014
Mailing Address 4601 Duke St		Amount of Each Disbursement this Period 48.00 <b>Transaction ID : VNH3G9S65Y7</b>
City Alexandria	State VA	
Purpose of Disbursement Transaction Fee		Category/ Type 001
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	771.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 56	
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4601 Duke St		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : VNH3G9SB357</b>
City Alexandria State VA Zip Code 22304-2505	Purpose of Disbursement Transaction Fee 001 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>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 4601 Duke St		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : VNH3G9SB365</b>
City Alexandria State VA Zip Code 22304-2505	Purpose of Disbursement Transaction Fee 001 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>c. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 4601 Duke St		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : VNH3G9SB323</b>
City Alexandria State VA Zip Code 22304-2505	Purpose of Disbursement Transaction Fee 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	61.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 56			
	<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)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 4601 Duke St		Amount of Each Disbursement this Period 3.00
City Alexandria State VA Zip Code 22304-2505	Purpose of Disbursement Transaction Fee 001 Category/Type	
Candidate Name		<b>Transaction ID : VNH3G9SB331</b>
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>B. Wells Fargo Bank</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 4601 Duke St		Amount of Each Disbursement this Period 10.00
City Alexandria State VA Zip Code 22304-2505	Purpose of Disbursement Transaction Fee 001 Category/Type	
Candidate Name		<b>Transaction ID : VNH3G9SB349</b>
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>c. Wells Fargo Bank</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 4601 Duke St		Amount of Each Disbursement this Period 34.50
City Alexandria State VA Zip Code 22304-2505	Purpose of Disbursement Transaction Fee 001 Category/Type	
Candidate Name		<b>Transaction ID : VNH3G9SB315</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	47.50
<b>TOTAL</b> This Period (last page this line number only).....	91489.98

**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 52 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lavern Chatman</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 18 / 2014</b>
Mailing Address 307 Yoakum Pkwy Apt 1426		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : VNH3G9SBP32</b>
City Alexandria	State VA Zip Code 22304-4037	
Purpose of Disbursement Repayment of Loan	Category/Type <b>009</b>	
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>B. Lavern Chatman</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2014</b>
Mailing Address 307 Yoakum Pkwy Apt 1426		Amount of Each Disbursement this Period <b>15000.00</b> <b>Transaction ID : VNH3G9SBP40</b>
City Alexandria	State VA Zip Code 22304-4037	
Purpose of Disbursement Repayment of Loan	Category/Type <b>009</b>	
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>16000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>16000.00</b>

**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 53 OF 56	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Davis-Paige</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 7611 Little River Tpke Ste 500		Amount of Each Disbursement this Period 400.00
City Annandale	State VA Zip Code 22003-2611	
Purpose of Disbursement Refund of Contribution	Category/Type 010	<b>Transaction ID : VNH3G9SAB07</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. William King</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 8619 Shadymist Dr		Amount of Each Disbursement this Period 150.00
City North Chesterfield	State VA Zip Code 23235-5430	
Purpose of Disbursement Refund of Contribution	Category/Type 010	<b>Transaction ID : VNH3G9SAB15</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	550.00

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

Form/Schedule: SB20A

Transaction ID : VNH3G9SAB07

\$400 of total contributions was allocated for the General, thus refunded after the Primary.

Form/Schedule: SB20A

Transaction ID: VNH3G9SAB15

\$150 of total contributions was allocated to the General Election, thus refunded after the Primary.

**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 55 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lavern Chatman for Congress**

Full Name (Last, First, Middle Initial) <b>A. Foust For US House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 18 / 2014</b>
Mailing Address PO Box 962		Amount of Each Disbursement this Period \$ 500.00 <b>Transaction ID : VNH3G9SB3J0</b>
City McLean	State VA	
Zip Code 22101-0962	Purpose of Disbursement Political Contribution	Category/ Type <b>011</b>
Candidate Name <b>John Foust</b>	Office Sought: <input checked="" 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: VA District: 10	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 500.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ 500.00

# 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)

Transaction ID : VNJ2RCB7VT5L

Lavern Chatman for Congress

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

[PERSONAL FUNDS]

Election: 2014

Lavern Chatman

Primary

General

Other (specify) ▼

Mailing Address

307 Yoakum Pkwy  
Apt 1426

City State ZIP Code  
Alexandria VA 22304-4037

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
20000.00 16000.00 4000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

06

2014

none

none % (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) ..... 4000.00  
TOTALS This Period (last page in this line only) ..... 4000.00

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