



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Dave Joyce**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	74420	1505564.62
(b) Total Contribution Refunds (from Line 20(d)) .....	0	7835
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	74420	1497729.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	219507.45	778837.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	8828.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	219507.45	770009.4
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1072599.69	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	25000	

**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

**Friends of Dave Joyce**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 16 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26700	703340
(ii) Unitemized.....	2620	37358
(iii) TOTAL of contributions from individuals ▶	29320	740698
(b) Political Party Committees.....	0	1000
(c) Other Political Committees (such as PACs).....	45100	763866.62
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	74420	1505564.62
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	37480.02
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	8828.45
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0	366.61
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	74420	1552239.7

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	219507.45	778837.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	7835
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	7835
21. OTHER DISBURSEMENTS .....	0	0
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	219507.45	786672.85

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1217687.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	74420
25. SUBTOTAL (add Line 23 and Line 24).....	1292107.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	219507.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1072599.69

**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 36
	<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	

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

NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Clark**

Mailing Address 9273 Lerwick Drive

City State Zip Code  
Dublin OH 43017-9492

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

Name of Employer Occupation  
Clark & Associates Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 08 / 2014**

**Transaction ID : A-CF3463**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 2828 21st Road S

City State Zip Code  
Arlington VA 22204-5231

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

Name of Employer Occupation  
Dixon Peabody Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 08 / 2014**

**Transaction ID : A-CF3464**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 3003 Miller Heights Road

City State Zip Code  
Oakton VA 22124-1822

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

Name of Employer Occupation  
Compass Consulting Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 08 / 2014**

**Transaction ID : A-CF3457**

Amount of Each Receipt this Period  
**500**

**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 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**John O'Rourke**

Mailing Address 11028 Stanmore Drive

City Potomac State MD Zip Code 20854-1525

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 **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 08 / 2014**

**Transaction ID : A-CF3455**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 7629 Huntmaster Lane

City McLean State VA Zip Code 22102-2531

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

Name of Employer Baker Hostetler Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 08 / 2014**

**Transaction ID : A-CF3465**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 8022 S Riverside Drive

City Aurora State OH Zip Code 44202-8619

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

Name of Employer The Shelly Co Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 08 / 2014**

**Transaction ID : A-CF3462**

Amount of Each Receipt this Period  
**250**

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

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

**1750.00**

**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 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Stacia Rastauskas**

Mailing Address 44 Berry St.

City Falls Church State VA Zip Code 22042

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

Name of Employer Ohio State University Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : A-CF3459**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 8058 Glendale Road

City Chevy Chase State MD Zip Code 20815-5901

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

Name of Employer Reinsurance Assoc. of Ameri Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : A-CF3458**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 8084 Long Forest Drive

City Brecksville State OH Zip Code 44141-1848

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

Name of Employer Self Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : A-CF3467**

Amount of Each Receipt this Period  
**300**

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

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

**1050.00**

**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 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Tom Stricker**

Mailing Address 2972 Lamplight Lane

City Willoughby Hills State OH Zip Code 44094-8463

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

Name of Employer Stricker Refinishing Co Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : A-CF3835**

Amount of Each Receipt this Period  
 250

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

Mailing Address 14822 Hillbrook Lane E

City Novelty State OH Zip Code 44072-9516

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

Name of Employer Self Occupation Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : A-CF3736**

Amount of Each Receipt this Period  
 500

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

Mailing Address 100 College Street

City Hudson State OH Zip Code 44236-2925

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : A-CF3738**

Amount of Each Receipt this Period  
 500

**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 9 OF 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Kathie Murch**

Mailing Address 10451 Sperry Road

City Kirtland State OH Zip Code 44094-9519

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

Name of Employer Self Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 13 / 2014**

**Transaction ID : A-CF3733**

Amount of Each Receipt this Period  
**2500**

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

Mailing Address 10451 Sperry Road

City Kirtland State OH Zip Code 44094-9519

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

Name of Employer ENDURO PLASTICS Occupation VP SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 13 / 2014**

**Transaction ID : A-CF3734**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 6950 Hilton Road

City Brecksville State OH Zip Code 44141-1536

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

Name of Employer Self Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 13 / 2014**

**Transaction ID : A-CF3735**

Amount of Each Receipt this Period  
**500**

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

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

**3500.00**

**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 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Glickman**

Mailing Address 80 W Orange Hill Circle

City Chagrin Falls State OH Zip Code 44022-2175

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

Name of Employer McCarthy Lebit Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 14 / 2014**

**Transaction ID : A-CF3840**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 16945 Catsden Road

City Chagrin Falls State OH Zip Code 44023-6303

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

Name of Employer Althans Insurance Agency Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3829**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 15035 Hillbrook Lane E

City Novelty State OH Zip Code 44072-9576

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

Name of Employer First Federal of Lakewood Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3810**

Amount of Each Receipt this Period  
**500**

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

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

**1750.00**

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

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

FOR LINE NUMBER: PAGE 11 OF 36  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Alfonso Guida**

Mailing Address 1818 13th Street NW

City Washington State DC Zip Code 20009-7894

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

Name of Employer Guida Consulting Occupation President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3863**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 14 Nassau Street

City Princeton State NJ Zip Code 08542-4533

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

Name of Employer Gund Investment Corp. Occupation CEO

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3823**

Amount of Each Receipt this Period  
**2600**

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

Mailing Address 14 Nassau Street

City Princeton State NJ Zip Code 08542-4533

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

Name of Employer George Gund Foundation Occupation VP

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3824**

Amount of Each Receipt this Period  
**2600**

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

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

**5700.00**

**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 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Hipple**

Mailing Address **PO Box 41250**

City **Brecksville** State **OH** Zip Code **44141-0250**

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

Name of Employer **Self** Occupation **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3826**

Amount of Each Receipt this Period  
**500**

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

Mailing Address **875 Andrews Lane**

City **Gates Mills** State **OH** Zip Code **44040-9648**

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

Name of Employer **Linsalat Capital Partners** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3860**

Amount of Each Receipt this Period  
**1600**

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

Mailing Address **5800 W Canal Road**

City **Valley View** State **OH** Zip Code **44125-3327**

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

Name of Employer **Premier Truck Sales** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3852**

Amount of Each Receipt this Period  
**500**

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

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

**2600.00**

**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 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Pirc**

Mailing Address 6881 Bridgecreek Drive

City Painesville State OH Zip Code 44077-2355

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

Name of Employer Medical Mutual Occupation Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3811**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 1123 Chestnut Drive

City Ashtabula State OH Zip Code 44004-2003

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

Name of Employer Community Care Ambulance Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3813**

Amount of Each Receipt this Period  
**250**

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

Mailing Address PO Box 671

City Kent State OH Zip Code 44240-0012

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

Name of Employer HALLRICH INC. Occupation PRESIDENT/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3805**

Amount of Each Receipt this Period  
**1000**

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

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

**2250.00**

**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 36  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Voinovich**

Mailing Address 1877 Cottesworth Lane

City Gates Mills State OH Zip Code 44040-9750

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

Name of Employer The Voinovich Comp Occupation President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3812**

Amount of Each Receipt this Period  
**2000**

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

Mailing Address 29325 Shaker Boulevard

City Pepper Pike State OH Zip Code 44124-5028

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

Name of Employer AJD Holding Occupation Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : A-CF3846**

Amount of Each Receipt this Period  
**2600**

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

Mailing Address 23 Aurora Street

City Hudson State OH Zip Code 44236-2902

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 **3600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : A-CF3844**

Amount of Each Receipt this Period  
**1000**

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

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

**5600.00**

**26700.00**

**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 36
	<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)  
**Friends of Dave Joyce**

A. Full Name (Last, First, Middle Initial)  
**American Association For Homecare Political Action Committee (aahomecare Pac)**

Mailing Address **2011 Crystal Drive  
Suite 725**

City **Arlington** State **VA** Zip Code **22202-3732**

FEC ID number of contributing federal political committee. **C C00357129**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2014**

**Transaction ID : A-CF3456**

Amount of Each Receipt this Period  
**1000**

B. Full Name (Last, First, Middle Initial)  
**American Express Company Political Action Committee (axppac)**

Mailing Address **801 Pennsylvania Avenue NW  
Suite 650**

City **Washington** State **DC** Zip Code **20004-2673**

FEC ID number of contributing federal political committee. **C C00040535**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2014**

**Transaction ID : A-CF3454**

Amount of Each Receipt this Period  
**1000**

C. Full Name (Last, First, Middle Initial)  
**Ctia - The Wireless Association Political Action Committee**

Mailing Address **1400 16th Street NW  
Suite 600**

City **Washington** State **DC** Zip Code **20036-2225**

FEC ID number of contributing federal political committee. **C C00262295**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2014**

**Transaction ID : A-CF3461**

Amount of Each Receipt this Period  
**1000**

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

**3000.00**

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

**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 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Gibbs For Congress**

Mailing Address 13871 Township Road 473

City Lakeville State OH Zip Code 44638-9708

FEC ID number of contributing federal political committee. **C C00466516**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : A-CF3460**

Amount of Each Receipt this Period  
2000

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

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00346353**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : A-CF3466**

Amount of Each Receipt this Period  
1000

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

Mailing Address 101 Constitution Avenue NW  
Suite 500W

City Washington State DC Zip Code 20001-2177

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

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

**Transaction ID : A-CF3468**

Amount of Each Receipt this Period  
1000

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

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

4000.00

**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 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Association For Advanced Life Underwriting Pac (aalu Pac)**

Mailing Address 11921 Freedom Drive  
Suite 1100

City Reston State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : A-CF3741**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 1100 Superior Avenue E  
Floor 18

City Cleveland State OH Zip Code 44114-2518

FEC ID number of contributing federal political committee. **C** C00039016

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : A-CF3740**

Amount of Each Receipt this Period  
 2000

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

Mailing Address 430 1st Street SE

City Washington State DC Zip Code 20003-1826

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : A-CF3742**

Amount of Each Receipt this Period  
 1000

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

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

4000.00

**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 36
	<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)  
**Friends of Dave Joyce**

**A. Exxon Mobil Corporation Political Action Committee (exxonmobil Pac)**

Full Name (Last, First, Middle Initial)  
Exxon Mobil Corporation Political Action Committee (exxonmobil Pac)

Mailing Address 5959 Las Colinas Boulevard

City Irving State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

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

**Transaction ID : A-CF3743**

Amount of Each Receipt this Period  
 2000

**B. American Ambulance Association Federal Pac (aka Ambu-Pac)**

Full Name (Last, First, Middle Initial)  
American Ambulance Association Federal Pac (aka Ambu-Pac)

Mailing Address 8400 Westpark Drive  
Floor 2

City McLean State VA Zip Code 22102-5116

FEC ID number of contributing federal political committee. **C** C00168070

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : A-CF3816**

Amount of Each Receipt this Period  
 1000

**C. Boeing Pac**

Full Name (Last, First, Middle Initial)  
Boeing Pac

Mailing Address 1200 Wilson Boulevard

City Arlington State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6000

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : A-CF3786**

Amount of Each Receipt this Period  
 1000

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

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

4000.00

**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 19 OF 36
	<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)  
**Friends of Dave Joyce**

**A. Full Name (Last, First, Middle Initial)**  
**Cheniere Energy, Inc. Pac**

Mailing Address 701 8th Street NW  
Suite 500

City Washington State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C C00430157**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3819**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address PO Box 18576

City Oklahoma City State OK Zip Code 73154-0576

FEC ID number of contributing federal political committee. **C C00389288**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3859**

Amount of Each Receipt this Period  
**2500**

**C. Full Name (Last, First, Middle Initial)**  
**Cme Group Inc. Pac**

Mailing Address 20 S Wacker Drive

City Chicago State IL Zip Code 60606-7431

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3862**

Amount of Each Receipt this Period  
**1000**

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

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

**4500.00**

**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 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Covington & Burling LLP PAC**

Mailing Address 1201 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2401

FEC ID number of contributing federal political committee. **C C00462630**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3820**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Eaton Public Policy Association**

Mailing Address Eaton Center  
1111 Superior Avenue

City Cleveland State OH Zip Code 44114

FEC ID number of contributing federal political committee. **C C00034827**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3814**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Intl. Pizza Hut Franchise PAC**

Mailing Address 7829 E Rockhill Street  
Suite 201

City Wichita State KS Zip Code 67206-3918

FEC ID number of contributing federal political committee. **C C00251447**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3817**

Amount of Each Receipt this Period  
**3000**

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

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

**6600.00**

**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 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Invacare Corp PAC**

Mailing Address 1 Invacare Way

City Elyria State OH Zip Code 44035-4190

FEC ID number of contributing federal political committee. **C C00249896**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3821**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**Koch Industries Inc Political Action Committee (kochpac)**

Mailing Address 600 14th Street NW Suite 800

City Washington State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3831**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402-0106

FEC ID number of contributing federal political committee. **C C00438697**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3861**

Amount of Each Receipt this Period  
**2000**

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

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

**5500.00**

**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 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Materion Corporation Political Action Committee**

Mailing Address 6070 Parkland Boulevard

City State Zip Code  
Mayfield Heights OH 44124-4191

FEC ID number of contributing federal political committee. **C C00216770**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3815**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Realtors P. A. C.**

Mailing Address 430 N Michigan Avenue

City State Zip Code  
Chicago IL 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3787**

Amount of Each Receipt this Period  
**5000**

**C.** Full Name (Last, First, Middle Initial)  
**The Huntington Bancshares Inc. PAC**

Mailing Address 41 S High Street

City State Zip Code  
Columbus OH 43215-6170

FEC ID number of contributing federal political committee. **C C00165589**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3822**

Amount of Each Receipt this Period  
**1500**

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

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

**7500.00**

**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 23 OF 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**United Services Automobile Association Employee Pac - Usaa Employee Pac**

Mailing Address 9800 Fredericksburg Road

City San Antonio State TX Zip Code 78288-0001

FEC ID number of contributing federal political committee. **C C00164145**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3818**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Westfield Employee Federal Political Action Committee Of Ohio Farmers Insurance Company**

Mailing Address PO Box 5001

City Westfield Center State OH Zip Code 44251-5001

FEC ID number of contributing federal political committee. **C C00376863**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A-CF3809**

Amount of Each Receipt this Period  
**2000**

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

Mailing Address 1201 15th Street NW

City Washington State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : A-CF3848**

Amount of Each Receipt this Period  
**1000**

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

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

**4000.00**

**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 24 OF 36
	<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)  
**Friends of Dave Joyce**

**A.** Full Name (Last, First, Middle Initial)  
**Squire Sanders**

Mailing Address 1201 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2401

FEC ID number of contributing federal political committee. **C** C00444935

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : A-CF3847**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 1835 Dueber Avenue SW

City Canton State OH Zip Code 44706-2728

FEC ID number of contributing federal political committee. **C** C00311308

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : A-CF3845**

Amount of Each Receipt this Period  
 1000

**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).....

2000.00

45100.00

**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 25 OF 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial) <b>A. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3316.08 <b>Transaction ID : B-E-3755</b>
City Alexandria	State VA	
Zip Code 22314-4724	Purpose of Disbursement Fundraising Consultant	Category/ Type 001
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>B. Haley O'Neill, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 16015		Amount of Each Disbursement this Period 4000 <b>Transaction ID : B-E-3761</b>
City Alexandria	State VA	
Zip Code 22302-8015	Purpose of Disbursement Research analysis	Category/ Type 001
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. KeyBank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 787 Alpha Drive		Amount of Each Disbursement this Period 5468.69 <b>Transaction ID : B-E-3744</b>
City Cleveland	State OH	
Zip Code 44143-2166	Purpose of Disbursement Taxes	Category/ Type 001
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).....	12784.77
<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 26 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial) <b>A. Mai &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 901 N Monroe Street Apt. 1306		Amount of Each Disbursement this Period 6010.9 <b>Transaction ID : B-E-3753</b>
City Arlington	State VA	
Zip Code 22201-2359	Purpose of Disbursement Information Consultant	Category/ Type 001
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>B. Morgan Litho</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 4101 Commerce Avenue		Amount of Each Disbursement this Period 344.52 <b>Transaction ID : B-E-3756</b>
City Cleveland	State OH	
Zip Code 44103-3507	Purpose of Disbursement Printing	Category/ Type 001
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. Ohio Dept. Of Jobs And Family Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 182413		Amount of Each Disbursement this Period 686.14 <b>Transaction ID : B-E-3747</b>
City Columbus	State OH	
Zip Code 43218-2413	Purpose of Disbursement Taxes	Category/ Type 001
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).....	6041.56
<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 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial) <b>A. Ohio Treasurer Of State</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 347		Amount of Each Disbursement this Period 714.64 <b>Transaction ID : B-E-3745</b>
City Columbus	State OH	
Zip Code 43216-0347	Purpose of Disbursement Taxes	Category/ Type 001
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>B. Optimus Consulting LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 1308		Amount of Each Disbursement this Period 34403.24 <b>Transaction ID : B-E-3760</b>
City Granger	State IN	
Zip Code 46530-1308	Purpose of Disbursement Online Digital Management	Category/ Type 001
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. R.I.T.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 94736		Amount of Each Disbursement this Period 57.8 <b>Transaction ID : B-E-3746</b>
City Cleveland	State OH	
Zip Code 44101-4736	Purpose of Disbursement Taxes	Category/ Type 001
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).....	35175.68
<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 36
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial) <b>A. The Tarrance Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 201 N Union Street Suite 410		Amount of Each Disbursement this Period 13939 <b>Transaction ID : B-E-3757</b>
City Alexandria State VA Zip Code 22314-2649	Purpose of Disbursement Survey Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 55 Glenlake Parkway NE		Amount of Each Disbursement this Period 71.47 <b>Transaction ID : B-E-3754</b>
City Atlanta State GA Zip Code 30328-3474	Purpose of Disbursement Shipping Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 104 <b>Transaction ID : B-E-3758</b>
City Lehigh Valley State PA Zip Code 18002-5505	Purpose of Disbursement Cellphone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	14114.47
<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 36	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 97.89
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Cellphone	<b>Transaction ID : B-E-3759</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wickliffe Floral Barn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 28707 Euclid Avenue		Amount of Each Disbursement this Period 84.9
City Wickliffe	State OH	
Zip Code 44092-2526	Purpose of Disbursement Sympathy	<b>Transaction ID : B-E-3762</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kevin Benacci</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1211 W 9th Street		Amount of Each Disbursement this Period 5038.5
City Cleveland	State OH	
Zip Code 44113-5500	Purpose of Disbursement Payroll	<b>Transaction ID : B-E-3749</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5221.29
<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 36			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial) <b>A. Scott E Coleman</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 320 Kenarden Drive		Amount of Each Disbursement this Period 750 <b>Transaction ID : B-E-3751</b>
City Cleveland	State OH Zip Code 44143-3710	
Purpose of Disbursement Payroll	Category/Type 001	
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>B. Dino Disanto</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 12550 Concord Hambden Road		Amount of Each Disbursement this Period 595.15 <b>Transaction ID : B-E-3748</b>
City Concord Twp	State OH Zip Code 44024-8802	
Purpose of Disbursement Payroll	Category/Type 001	
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. Matt Fredrickson</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 70 Wilding Chase		Amount of Each Disbursement this Period 1955.08 <b>Transaction ID : B-E-3750</b>
City Chagrin Falls	State OH Zip Code 44022-2500	
Purpose of Disbursement Payroll	Category/Type 001	
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).....	3300.23
<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 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial) <b>A. Tim Lolli</b>			Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 3135 Midvale Road NW			Amount of Each Disbursement this Period 3317.69 <b>Transaction ID : B-E-3752</b>
City Canton	State OH	Zip Code 44718-3239	
Purpose of Disbursement Payroll	Candidate Name		Category/ Type 001
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>B. Apple Store</b>			Date of Disbursement MM / DD / YYYY 04 / 05 / 2014
Mailing Address 28601 Chagrin Boulevard			Amount of Each Disbursement this Period 3418.2 <b>Transaction ID : B-E-3770</b>
City Woodmere	State OH	Zip Code 44122-4541	
Purpose of Disbursement Computer & Software	Candidate Name		Category/ Type 001
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. At&amp;t</b>			Date of Disbursement MM / DD / YYYY 04 / 05 / 2014
Mailing Address PO Box 480010			Amount of Each Disbursement this Period 16.15 <b>Transaction ID : B-E-3763</b>
City Charlotte	State NC	Zip Code 28269-5300	
Purpose of Disbursement Telephone	Candidate Name		Category/ Type 001
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).....	6752.04
<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 36		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial) <b>A. Bullfeathers</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 410 1st Street SE		Amount of Each Disbursement this Period 46.39 <b>Transaction ID : B-E-3771</b>
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Food for meeting Candidate Name Category/Type 001	
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>B. Mavis Winkles</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 8870 Darrow Road		Amount of Each Disbursement this Period 94.6 <b>Transaction ID : B-E-3780</b>
City Twinsburg State OH Zip Code 44087-2178	Purpose of Disbursement Food for meeting Candidate Name Category/Type 001	
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. Officemax</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 1545 Golden Gate Plaza		Amount of Each Disbursement this Period 810.14 <b>Transaction ID : B-E-3777</b>
City Mayfield Heights State OH Zip Code 44124-3415	Purpose of Disbursement Printer, Paper, Toner Candidate Name Category/Type 001	
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).....	951.13
<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 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 5815 Landerbrook Drive		Amount of Each Disbursement this Period 980 <b>Transaction ID : B-E-3773</b>
City Mayfield Hts	State OH	
Zip Code 44124-7900	Purpose of Disbursement Postage	Category/ Type 001
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>B. Redhawk</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 7481 Auburn Road		Amount of Each Disbursement this Period 19.25 <b>Transaction ID : B-E-3775</b>
City Painesville	State OH	
Zip Code 44077-9703	Purpose of Disbursement Food for meeting	Category/ Type 001
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. Strategic Media Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 1911 Fort Myer Drive		Amount of Each Disbursement this Period 73393 <b>Transaction ID : B-E-3764</b>
City Arlington	State VA	
Zip Code 22209-1607	Purpose of Disbursement Media	Category/ Type 001
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).....	74392.25
<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 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial) <b>A. Us Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address Cleveland Hopkins Airport		Amount of Each Disbursement this Period 282 <b>Transaction ID : B-E-3785</b>
City Cleveland	State OH Zip Code 44114	
Purpose of Disbursement Flight	Category/Type 001	
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>B. Qwestcom Graphics, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 5572 Brecksville Road Suite A		Amount of Each Disbursement this Period 6323 <b>Transaction ID : B-E-3766</b>
City Independence	State OH Zip Code 44131-1532	
Purpose of Disbursement Yardsigns	Category/Type 001	
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. Tim Lolli</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 3135 Midvale Road NW		Amount of Each Disbursement this Period 183.54 <b>Transaction ID : B-E-3767</b>
City Canton	State OH Zip Code 44718-3239	
Purpose of Disbursement Payroll	Category/Type 001	
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).....	6788.54
<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 35 OF 36			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

Full Name (Last, First, Middle Initial) <b>A. At&amp;t</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2014
Mailing Address PO Box 480010		Amount of Each Disbursement this Period 55.75
City Charlotte	State NC	
Zip Code 28269-5300	Purpose of Disbursement Telephone	<b>Transaction ID : B-E-3769</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bogart Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 55.88
City Alexandria	State VA	
Zip Code 22314-4724	Purpose of Disbursement Shipping	<b>Transaction ID : B-E-3768</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Strategic Media Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1911 Fort Myer Drive		Amount of Each Disbursement this Period 53327
City Arlington	State VA	
Zip Code 22209-1607	Purpose of Disbursement Media	<b>Transaction ID : B-E-3765</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53438.63
<b>TOTAL</b> This Period (last page this line number only).....	218960.59

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Dave Joyce** Transaction ID : **SC/10-L1**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>David P Joyce</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2012
Mailing Address 9652 Music Street		

City	State	ZIP Code
Novelty	OH	44072-9682

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000	0	25000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 13 / Y 2012	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	25000.00

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