

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SUZANNE SCHOLTE FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	37321.00	37321.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	37321.00	37321.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18238.66	18238.66
(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)).....	18238.66	18238.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	40082.34	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	20000.00	

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

SUZANNE SCHOLTE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	30774.00	30774.00
(ii) Unitemized.....	6547.00	6547.00
(iii) TOTAL of contributions from individuals ▶	37321.00	37321.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	37321.00	37321.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	20000.00	20000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	20000.00	20000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	57321.00	57321.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18238.66	18238.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	18238.66	18238.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	57321.00
25. SUBTOTAL (add Line 23 and Line 24).....	58321.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18238.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	40082.34

**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 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

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

Mailing Address 2400 E. Cherry Creek S Drive
#109

City State Zip Code
Denver CO 80209

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

Name of Employer Occupation
Self Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period
1000.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Thomas Barker

Mailing Address 342-11th Street SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Foley Hoang Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11AI.4272

Amount of Each Receipt this Period
1500.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Mary Brett

Mailing Address 11797 Bayfield Court

City State Zip Code
Reston VA 20194

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

Name of Employer Occupation
Self 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
03 / 31 / 2014

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Larry Buckner

Mailing Address 14617 Kings Highway

City King George State VA Zip Code 22485

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

Name of Employer Self Occupation Distributor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4438

Amount of Each Receipt this Period
 1000.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
James EB Carney

Mailing Address P.O. Box 455

City Marshall State VA Zip Code 20116

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

Name of Employer Self Occupation Public Policy Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period
 1000.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Ernest Downs

Mailing Address 1007 Calmes Neck Land

City Boyce State VA Zip Code 22620

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
 02 / 07 / 2014

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
 1000.00

Campaign Contribution

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

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

3000.00

**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 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Barbara Faga

Mailing Address 3166 Juniper Lane

City Falls Church State VA Zip Code 22044

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
 02 / 10 / 2014

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period
 Campaign Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Barbara Faga

Mailing Address 3166 Juniper Lane

City Falls Church State VA Zip Code 22044

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
 03 / 13 / 2014

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period
 Campaign Contribution 500.00

C. Full Name (Last, First, Middle Initial)
Peter Farnham

Mailing Address 219 N St. Asaph Street # 4

City Alexandria State VA Zip Code 22314

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

Name of Employer ASBMB Occupation Writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period
 Campaign Contribution 250.00

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 8 OF 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alan Freed		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 119 S. Fairfax Street		Transaction ID : SA11AI.4187	
City Alexandria	State VA	Zip Code 22314	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Alan L Freed Associates	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Susan Freedman		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 3201 Juniper Lane		Transaction ID : SA11AI.4243	
City Falls Church	State VA	Zip Code 22044	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Jane Gandee		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 5920 Hallowing Drive		Transaction ID : SA11AI.4369	
City Mason Neck	State VA	Zip Code 22079	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Servicemaster		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Gasser Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 9613 Chathams Ford Drive		Transaction ID : SA11AI.4365	
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period Campaign Contribution 2600.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Campaign Contribution 2600.00		
Name of Employer Occupation Investment Technolgy Group President	Election Cycle-to-Date 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. Pamela Gavin		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 4101 N. 25th Place		Transaction ID : SA11AI.4190	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period Campaign Contribution 1000.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Campaign Contribution 1000.00		
Name of Employer Occupation Retired Retired	Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. John O Gregory		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 9111 Peabody Street		Transaction ID : SA11AI.4284	
City State Zip Code Manassas VA 20110	Amount of Each Receipt this Period Campaign Contribution 250.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Campaign Contribution 250.00		
Name of Employer Occupation Gregory Construction CEO	Election Cycle-to-Date 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	3850.00
TOTAL This Period (last page this line number only).....	3850.00

**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 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Theodore Haddad

Mailing Address P.O. Box 1081

City Falls Church State VA Zip Code 22044

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4354

Amount of Each Receipt this Period
300.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
John Hazel Jr.

Mailing Address 6254 Huntley Road

City Broad Run State VA Zip Code 20191

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

Name of Employer Self Occupation Bussineman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period
1000.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Robert Heckman

Mailing Address 143 Martin Lane

City Alexandria State VA Zip Code 22304

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

Name of Employer Capital City Partner 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
 03 / 31 / 2014

Transaction ID : SA11AI.4377

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

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

1550.00

**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 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Pavel Klein

Mailing Address 9 Watchwater Way

City State Zip Code
Rockville MD 20850

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period
 Campaign Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
Mike Magill

Mailing Address 4511 Carrio Drive

City State Zip Code
Annandale VA 22003

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

Name of Employer Self Occupation Restaurant Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4348

Amount of Each Receipt this Period
 Campaign Contribution 250.00

C. Full Name (Last, First, Middle Initial)
Phyllis Mann

Mailing Address 858 Keller Creamery Road

City State Zip Code
Telford PA 18969

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

Name of Employer E & M Insurance Associates Occupation Insurance Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2014

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period
 Campaign Contribution 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Phyllis Mann		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2014	
Mailing Address 858 Keller Creamery Road		Transaction ID : SA11AI.4429	
City State Zip Code Telford PA 18969	Amount of Each Receipt this Period _____ 84.00 In-kind - Meet and Greet Expenses		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation E & M Insurance Associates Insurance Agent		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 334.00		

Full Name (Last, First, Middle Initial) B. Nina May		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1770 Kirby Road		Transaction ID : SA11AI.4356	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period _____ 1000.00 Campaign Contribution		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Producer/Writer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) C. Tidal McCoy		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 330 Cheseapeake Drive		Transaction ID : SA11AI.4361	
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period _____ 500.00 Campaign Contribution		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1584.00
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: PAGE 13 OF 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ambassador William J Middendorf (Retired)

Mailing Address P.O. Box 1037

City State Zip Code
Little Compton RI 02837

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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period
 2500.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Steven Mullins

Mailing Address 1127 Walker Road

City State Zip Code
Great Falls VA 22066

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

Name of Employer Occupation
KZO Innovations, Inc CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11AI.4165

Amount of Each Receipt this Period
 500.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
James Pan

Mailing Address 1983 Lakeport Way

City State Zip Code
Reston VA 20191

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

Name of Employer Occupation
Self Security Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period
 500.00

Campaign Contribution

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 14 OF 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) In Young Park		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 15846 SpyGlass Hill Loop		Transaction ID : SA11AI.4185	
City Gainsville	State VA	Zip Code 20155	Amount of Each Receipt this Period Campaign Contribution 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation M.D.		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) In Young Park		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 15846 SpyGlass Hill Loop		Transaction ID : SA11AI.4445	
City Gainsville	State VA	Zip Code 20155	Amount of Each Receipt this Period Campaign contribution 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation M.D.		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) Kyungsook Park		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 3720 Annandale Road		Transaction ID : SA11AI.4352	
City Annandale	State VA	Zip Code 22003	Amount of Each Receipt this Period Campaign Contribution 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation M.D.		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
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: PAGE 15 OF 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
SUZANNE SCHOLTE FOR CONGRESS

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

Mailing Address 1359 Beverly Road
200

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
The Pence Group Real Estate Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period
 1000.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Nancy Purcell

Mailing Address 175 Mercer Mill Road

City State Zip Code
Landenberg PA 19350

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
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period
 200.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Dixie Rapuano

Mailing Address 3202 Juniper Lane

City State Zip Code
Falls Church VA 22044

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
240.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4434

Amount of Each Receipt this Period
 90.00

In-kind - Campaign Event

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

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

1290.00

**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 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Maureen Walsh Reback

Mailing Address 1807 Brooktrail Court

City Vienna State VA Zip Code 22182

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

Name of Employer None 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
 03 / 31 / 2014

Transaction ID : SA11AI.4385

Amount of Each Receipt this Period
250.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
FS Ruddy

Mailing Address 203 Croydon Ave

City Rockville State MD Zip Code 20850

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
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4278

Amount of Each Receipt this Period
1000.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Ok Cha Soh

Mailing Address 8110 Craddock Road

City Greenbelt State MD Zip Code 20770

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

Name of Employer Washington Baptist 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
 03 / 31 / 2014

Transaction ID : SA11AI.4447

Amount of Each Receipt this Period
500.00

Campaign Contribution

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 17 OF 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mauricio Tamargo

Mailing Address 6448 Lake Meadow Drive

City State Zip Code
Burke VA 22015

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

Name of Employer Occupation
Self 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
02 / 04 / 2014

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period
250.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Mauricio Tamargo

Mailing Address 6448 Lake Meadow Drive

City State Zip Code
Burke VA 22015

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4355

Amount of Each Receipt this Period
250.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Jo Thoburn

Mailing Address 1406 Crowwell Road

City State Zip Code
Vienna VA 22182

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

Name of Employer Occupation
Fairfax Christian School Educator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.4398

Amount of Each Receipt this Period
1000.00

Campaign Contribution

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Barbara Walker

Mailing Address 311 Prince Street

City Alexandria State VA Zip Code 22314

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
 03 / 31 / 2014

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period
250.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Bowie Whitman

Mailing Address 4326 Upland Drive

City Alexandria State VA Zip Code 22310

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

Name of Employer Self Occupation Economist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period
250.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Ronald Wright

Mailing Address 1555 Coomber Court

City Herndon State VA Zip Code 20170

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

Name of Employer JNET Direct Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4367

Amount of Each Receipt this Period
1000.00

Campaign Contribution

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 28
	<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)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jason Yoo		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. Box 79195		Transaction ID : SA11AI.4222
City Houston	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer JDDA Group of Companies	Occupation President / CEO	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Judy Yoo		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 58 Equestrian Drive		Transaction ID : SA11AI.4371
City Burlington	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Fox & Roach realtor	Occupation Realtor	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	30774.00

**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 28
	<input type="checkbox"/> 11a 12 <input checked="" 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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUZANNE SCHOLTE

Mailing Address 3014 CASTLE ROAD

City State Zip Code
FALLS CHURCH VA 22014

FEC ID number of contributing federal political committee. **C H4VA11087**

Name of Employer Occupation
Defense Forum Foundation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2014

Transaction ID : SA13A.4158

Amount of Each Receipt this Period
10000.00

Candidate Loan

B. Full Name (Last, First, Middle Initial)
SUZANNE SCHOLTE

Mailing Address 3014 CASTLE ROAD

City State Zip Code
FALLS CHURCH VA 22014

FEC ID number of contributing federal political committee. **C H4VA11087**

Name of Employer Occupation
Defense Forum Foundation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
20000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA13A.4376

Amount of Each Receipt this Period
10000.00

Loan

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).....

20000.00

20000.00

**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 21 OF 28	
	<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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) 11TH CONGRESSIONAL DISTRICT OF VIRGINIA REPUBLICAN COMMITTEE - FEDERAL		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014	
Mailing Address 3014 CASTLE ROAD		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4112	
City FALLS CHURCH State VA Zip Code 22044	Purpose of Disbursement Candidate Filing Fee Category/Type 001	Candidate Name SUZANNE SCHOLTE	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) Allegra Printing		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 2812 Merrilee Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4148	
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Campaign Printing Expense Category/Type 006	Candidate Name SUZANNE SCHOLTE	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) ElectionMall.com		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 1101 Pennsylvania Ave, NW 6th Floor		Amount of Each Disbursement this Period 178.27 Transaction ID : SB17.4238	
City Washington State DC Zip Code 20004	Purpose of Disbursement Campaign Fundraising Category/Type 003	Candidate Name SUZANNE SCHOLTE	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	2178.27
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 28	
	<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)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chadwick Gore		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 3014 Castle Road		Amount of Each Disbursement this Period 55.91 Transaction ID : SB17.4144
City Falls Church State VA Zip Code 22044	Purpose of Disbursement Reimbursement for Campaign Fundraising Restaurant Expense 003 Category/Type	
Candidate Name SUZANNE SCHOLTE	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: 11		

Full Name (Last, First, Middle Initial) B. Chadwick Gore		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 3014 Castle Road		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.4145
City Falls Church State VA Zip Code 22044	Purpose of Disbursement Reimbursement for Campaign Internet Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE	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: 11		

Full Name (Last, First, Middle Initial) c. Carlyle Gregory Jr.		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 6709 Kennedy Lane		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4240
City Falls Church State VA Zip Code 22042	Purpose of Disbursement Campaign Consultant 001 Category/Type	
Candidate Name SUZANNE SCHOLTE	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: 11		

SUBTOTAL of Disbursements This Page (optional).....	1115.91
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 24 OF 28			
	<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)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PobleteTamargo, LLP			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014		
Mailing Address 1020 16th Street, NW Suite 700			Amount of Each Disbursement this Period 1043.00		
City Washington	State DC	Zip Code 20036	Transaction ID : SB17.4129		
Purpose of Disbursement Campaign FEC Expense		Category/Type 001			
Candidate Name SUZANNE SCHOLTE					
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: 11				

Full Name (Last, First, Middle Initial) B. Prince William County Republican Committee			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014		
Mailing Address 4431 Prince William Parkway			Amount of Each Disbursement this Period 340.00		
City Woodbridge	State VA	Zip Code 22192	Transaction ID : SB17.4118		
Purpose of Disbursement Campaign Advertising		Category/Type 004			
Candidate Name SUZANNE SCHOLTE					
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: 11				

Full Name (Last, First, Middle Initial) c. Red Maverick Media			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014		
Mailing Address 403 N. Second Street Floor 2			Amount of Each Disbursement this Period 3500.00		
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SB17.4139		
Purpose of Disbursement Campaign Web Design		Category/Type 001			
Candidate Name SUZANNE SCHOLTE					
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: 11				

SUBTOTAL of Disbursements This Page (optional).....	4883.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 28			
	<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)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rob Cannon Photo		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2014
Mailing Address 127B North Washington Street		Amount of Each Disbursement this Period 212.00 Transaction ID : SB17.4106
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Campaign Photography Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE	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: 11		

Full Name (Last, First, Middle Initial) B. Anne Taylor		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 1812 Florida Avenue NW #1		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4239
City Washington State DC Zip Code 20009	Purpose of Disbursement Campaign Consultant 001 Category/Type	
Candidate Name SUZANNE SCHOLTE	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: 11		

Full Name (Last, First, Middle Initial) c. Anne Taylor		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 1812 Florida Avenue NW #1		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4125
City Washington State DC Zip Code 20009	Purpose of Disbursement Campaign Consultant 001 Category/Type	
Candidate Name SUZANNE SCHOLTE	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: 11		

SUBTOTAL of Disbursements This Page (optional).....	6212.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 28			
	<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)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Printed Page		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 900 N Taylor Street		Amount of Each Disbursement this Period 1399.20 Transaction ID : SB17.4124
City Arlington	State VA	
Zip Code 22203	Purpose of Disbursement Campaign Advertisement Expense	Category/ Type 004
Candidate Name SUZANNE SCHOLTE	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: 11	

Full Name (Last, First, Middle Initial) B. The Printed Page		Date of Disbursement MM / DD / YYYY 03 / 04 / 2014
Mailing Address 900 N Taylor Street		Amount of Each Disbursement this Period 577.70 Transaction ID : SB17.4138
City Arlington	State VA	
Zip Code 22203	Purpose of Disbursement Campaign Printing Expense	Category/ Type 001
Candidate Name SUZANNE SCHOLTE	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: 11	

Full Name (Last, First, Middle Initial) c. The Printed Page		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 900 N Taylor Street		Amount of Each Disbursement this Period 90.10 Transaction ID : SB17.4147
City Arlington	State VA	
Zip Code 22203	Purpose of Disbursement Campaign Printing Expense	Category/ Type 001
Candidate Name SUZANNE SCHOLTE	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: 11	

SUBTOTAL of Disbursements This Page (optional).....	2067.00
TOTAL This Period (last page this line number only).....	17348.97

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 : SC/10.4158

SUZANNE SCHOLTE FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

SUZANNE SCHOLTE

Primary

General

Other (specify) ▼

Mailing Address

3014 CASTLE ROAD

City

State

ZIP Code

FALLS CHURCH

VA

22014

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

08

2014

12/31/2014

0.00

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

10000.00

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

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

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 : SC/10.4376

SUZANNE SCHOLTE FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

SUZANNE SCHOLTE

Primary
 General
 Other (specify) ▼

Mailing Address
3014 CASTLE ROAD

City State ZIP Code
FALLS CHURCH VA 22014

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 0.00 10000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
03 / 31 / 2014 M M / D D / 12/31/2014 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 10000.00
TOTALS This Period (last page in this line only)..... 20000.00

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