

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Howie Lind for Congress

ADDRESS (number and street) PO Box 878
 Check if different than previously reported. (ACC) Mclean VA 22101

2. **FEC IDENTIFICATION NUMBER** C C00557983 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
VA 10

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 07 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Michael Rumberg
Signature of Treasurer Michael Rumberg [Electronically Filed] Date M M / D D / Y Y Y Y 07 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Howie Lind 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)).... | 9035.00 | 25625.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 5793.25 | 5793.25 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 3241.75 | 19831.75 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 34200.02 | 173083.29 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 2225.50 | 2288.04 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 31974.52 | 170795.25 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 3311.50 | |
| 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)..... | 151300.00 | |

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

Howie Lind for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 07 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 6825.00 | 21725.00 |
| (ii) Unitemized..... | 2210.00 | 3900.00 |
| (iii) TOTAL of contributions from individuals ▶ | 9035.00 | 25625.00 |
| (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)).. | 9035.00 | 25625.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 21300.00 | 151300.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 21300.00 | 151300.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 2225.50 | 2288.04 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 3000.00 | 3000.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 35560.50 | 182213.04 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 34200.02 | 173083.29 |
| 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 | 5793.25 | 5793.25 |
| (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))..... | 5793.25 | 5793.25 |
| 21. OTHER DISBURSEMENTS | 25.00 | 25.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 40018.27 | 178901.54 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 7769.27 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 35560.50 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 43329.77 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 40018.27 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 3311.50 |

**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 37 |
| | <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)
Howie Lind for Congress

A. Full Name (Last, First, Middle Initial)
Angelo C Bianco

Mailing Address 6816 Wemberly Way

City State Zip Code
McLean VA 22101

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.4558

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jeffrey Bothen

Mailing Address 8220 McNeil St

City State Zip Code
Vienna VA 22180

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
04 / 27 / 2014

Transaction ID : SA11AI.4519

Amount of Each Receipt this Period
350.00

Contribution

C. Full Name (Last, First, Middle Initial)
Antoinette B Buchanan

Mailing Address 7744 Frytown Rd

City State Zip Code
Warrenton VA 20187

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

Name of Employer Occupation
Buchanan Contracting General Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4548

Amount of Each Receipt this Period
500.00

Contribution

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

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

1350.00

**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 37 |
| | <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)
Howie Lind for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Carter

Mailing Address 2032 Ashburton Way

City State Zip Code
Mount Pleasant SC 29466

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

Name of Employer Occupation
Elbit Systems of America Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4475

Amount of Each Receipt this Period
250.00
Contribution

B. Full Name (Last, First, Middle Initial)
Carl P Cecil

Mailing Address 4616 Sutton Oaks Dr

City State Zip Code
Chantilly VA 20151

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

Name of Employer Occupation
Schneider Electric Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : SA11AI.4525

Amount of Each Receipt this Period
500.00
Contribution

C. Full Name (Last, First, Middle Initial)
Carl P Cecil

Mailing Address 4616 Sutton Oaks Dr

City State Zip Code
Chantilly VA 20151

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

Name of Employer Occupation
Schneider Electric Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1450.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : SA11AI.4553

Amount of Each Receipt this Period
500.00
Contribution

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 7 OF 37 |
| | <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)
Howie Lind for Congress

A. Full Name (Last, First, Middle Initial)
Carl P Cecil

Mailing Address 4616 Sutton Oaks Dr

City State Zip Code
Chantilly VA 20151

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

Name of Employer Occupation
Schneider Electric Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1950.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.4521

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Ronald Christenson

Mailing Address 43279 Warwick hills Ct

City State Zip Code
Leesburg VA 20176

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
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period
 Contribution 150.00

C. Full Name (Last, First, Middle Initial)
George Folsom

Mailing Address 5207 Falmouth Rd

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
Siward Newton Managing Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period
 Contribution 500.00

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

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

1150.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 37 |
| | <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)
Howie Lind for Congress

A. Full Name (Last, First, Middle Initial)
Ron Grignol

Mailing Address 5241 Ballycastle Cir

City State Zip Code
Alexandria VA 22315

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

Name of Employer Occupation
JRC Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period
250.00
Contribution

B. Full Name (Last, First, Middle Initial)
Chas M Holland Jr

Mailing Address 1522 Sadlers Wells Dr

City State Zip Code
Herndon VA 20170

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
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.4471

Amount of Each Receipt this Period
500.00
Contribution

C. Full Name (Last, First, Middle Initial)
Ringo Lanzetti

Mailing Address 6674 Van Winkle Dr

City State Zip Code
Falls Church VA 22044

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

Name of Employer Occupation
SSI Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period
250.00
Contribution

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

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

1000.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 37 |
| | <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)
Howie Lind for Congress

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Harold Morgan | | Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2014 | |
| Mailing Address 18 31st Street | | Transaction ID : SA11AI.4487 | |
| City Gulfport | State MS | Zip Code 39507 | Amount of Each Receipt this Period Contribution 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Election Impact Grop | Occupation Political Consultant | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | | | |
|---|------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) B. Harold Morgan | | Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014 | |
| Mailing Address 18 31st Street | | Transaction ID : SA11AI.4574 | |
| City Gulfport | State MS | Zip Code 39507 | Amount of Each Receipt this Period Contribution 75.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Election Impact Grop | Occupation Political Consultant | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 325.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Joe Ressa | | Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014 | |
| Mailing Address 704 S Stewart St | | Transaction ID : SA11AI.4543 | |
| City Winchester | State VA | Zip Code 22601 | Amount of Each Receipt this Period Contribution 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ressabuilt | Occupation Builder | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 350.00 | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 575.00 |
| 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 10 OF 37 |
| | <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)
Howie Lind for Congress

A. Full Name (Last, First, Middle Initial)
Anna M Ross

Mailing Address 6710 Van Fleet Dr

City Mclean State VA Zip Code 22101

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 **250.00**

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

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period
 Contribution **250.00**

B. Full Name (Last, First, Middle Initial)
David Van Wagoner

Mailing Address 2605 Lecompte Ln

City Davidsonville State MD Zip Code 21035

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

Name of Employer TASC Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 19 / 2014

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period
 Contribution **500.00**

C. Full Name (Last, First, Middle Initial)
Thomas West

Mailing Address 16408 Freemont Ln

City Purcellville State VA Zip Code 20132

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

Name of Employer One Thing Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.4477

Amount of Each Receipt this Period
 Contribution **250.00**

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

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

1000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 37 |
| | <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)
Howie Lind for Congress

A. Full Name (Last, First, Middle Initial)
Durbin Williams

Mailing Address 107 Proclamation Dr

City Winchester State VA Zip Code 22603

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 **750.00**

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

Transaction ID : SA11AI.4538

Amount of Each Receipt this Period
250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
John Charles Williams

Mailing Address 589 Westfield Rd

City Toquerville State UT Zip Code 64774

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 **250.00**

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

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period
250.00
 Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

6825.00

**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 37 |
| | <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 | |

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NAME OF COMMITTEE (In Full)
Howie Lind for Congress

A. Full Name (Last, First, Middle Initial)
Howard Rhodes Lind

Mailing Address 1313 Rockland Terrace

City Mclean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C H4VA10121**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
141000.00

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

Transaction ID : SA13A.4586

Amount of Each Receipt this Period
11000.00

Loan by Candidate

B. Full Name (Last, First, Middle Initial)
Howard Rhodes Lind

Mailing Address 1313 Rockland Terrace

City Mclean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C H4VA10121**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
151300.00

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

Transaction ID : SA13A.4563

Amount of Each Receipt this Period
10300.00

Loan from Candidate

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).....

21300.00

21300.00

**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 37 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Howie Lind for Congress

A. Full Name (Last, First, Middle Initial)
Richard B Wirthlin Family Trust, LLC

Mailing Address 11180 Sunrise Valley Drive # 300

City Reston State VA Zip Code 20191

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2125.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA14.4576

Amount of Each Receipt this Period
 2125.50
 Prorated refund of rent

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2125.50

2125.50

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 37

(check only one)

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

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NAME OF COMMITTEE (In Full)
Howie Lind for Congress

A. Full Name (Last, First, Middle Initial)
10TH DISTRICT REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address **PO BOX 650552**

City **POTOMAC FALLS** State **VA** Zip Code **20165**

FEC ID number of contributing federal political committee. **C C00005462**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **3000.00**

Date of Receipt **04 / 29 / 2014**

Transaction ID : SA15.4561

Amount of Each Receipt this Period **3000.00**

Refund of Contribution _____

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt _____

Amount of Each Receipt this Period _____

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt _____

Amount of Each Receipt this Period _____

SUBTOTAL of Receipts This Page (optional)..... **3000.00**

TOTAL This Period (last page this line number only)..... **3000.00**

**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 15 OF 37 | | | |
| | <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)
Howie Lind for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Barchetta Enterprises, LC | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014 |
| Mailing Address 7138 Little River TP # 210 | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4450 |
| City Annandale State VA Zip Code 22003 | Purpose of Disbursement Accounting and Compliance Consultant Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Brews and Bones Rest | | Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2014 |
| Mailing Address 44630 Waxpool Rd | | Amount of Each Disbursement this Period 450.60 Transaction ID : SB17.4433 |
| City Ashburn State VA Zip Code 20147 | Purpose of Disbursement Election night food for staff Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Broad Aspect | | Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014 |
| Mailing Address 44927 George Washington Blvd | | Amount of Each Disbursement this Period 199.00 Transaction ID : SB17.4453 |
| City Ashburn State VA Zip Code 20147 | Purpose of Disbursement Internet service fee Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3149.60 |
| 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 16 OF 37 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Howie Lind for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Election Impact Group | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014 |
| Mailing Address 18 31st St | | Amount of Each Disbursement this Period 843.94 Transaction ID : SB17.4385 |
| City Gulfport | State MS Zip Code 39057 | |
| Purpose of Disbursement Campaign Manager fee & reimburse vehicle fuel | | Category/Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Election Impact Group | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014 |
| Mailing Address 18 31st St | | Amount of Each Disbursement this Period 217.28 Transaction ID : SB17.4404 |
| City Gulfport | State MS Zip Code 39057 | |
| Purpose of Disbursement Reimburse mileage expense | | Category/Type 002 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Election Impact Group | | Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014 |
| Mailing Address 18 31st St | | Amount of Each Disbursement this Period 204.86 Transaction ID : SB17.4420 |
| City Gulfport | State MS Zip Code 39057 | |
| Purpose of Disbursement Political consultant fee & reimburse mileage | | Category/Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1266.08 |
| TOTAL This Period (last page this line number only)..... | |

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

Form/Schedule: SB17

Transaction ID : SB17.4385

\$750 campaign manager fee; \$93.94 gas

Form/Schedule:

Transaction ID:

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 37 | | | |
| | <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)
Howie Lind for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Election Impact Group | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 18 31st St | | Amount of Each Disbursement this Period 146.78 |
| City Gulfport | State MS | |
| Zip Code 39057 | Purpose of Disbursement Reimburse mileage expense | Transaction ID : SB17.4437 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Michael Giere | | Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014 |
| Mailing Address 4330 Greenberry Ln | | Amount of Each Disbursement this Period 500.00 |
| City Annandale | State VA | |
| Zip Code 22003 | Purpose of Disbursement Policy consultant fee | Transaction ID : SB17.4369 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Gretchen Hahn | | Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014 |
| Mailing Address 11033 Thrush Ridge Rd | | Amount of Each Disbursement this Period 637.50 |
| City Reston | State VA | |
| Zip Code 20191 | Purpose of Disbursement Fundraising consultant fee | Transaction ID : SB17.4421 |
| Candidate Name | Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1284.28 |
| 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 19 OF 37 | | | |
| | <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)
Howie Lind for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Gretchen Hahn | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 11033 Thrush Ridge Rd | | Amount of Each Disbursement this Period 375.00 Transaction ID : SB17.4438 |
| City Reston State VA Zip Code 20191 | Purpose of Disbursement Fundraising consultant fee Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Phillip Hamilton | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014 |
| Mailing Address 147 Yorktown Dr | | Amount of Each Disbursement this Period 810.00 Transaction ID : SB17.4384 |
| City Ruther Glen State VA Zip Code 22546 | Purpose of Disbursement Political Consultant fee Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Phillip Hamilton | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014 |
| Mailing Address 147 Yorktown Dr | | Amount of Each Disbursement this Period 652.44 Transaction ID : SB17.4402 |
| City Ruther Glen State VA Zip Code 22546 | Purpose of Disbursement Political Consultant fee Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1837.44 |
| 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 20 OF 37 | |
| | <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)
Howie Lind for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Phillip Hamilton | | Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014 |
| Mailing Address 147 Yorktown Dr | | Amount of Each Disbursement this Period 691.84 Transaction ID : SB17.4423 |
| City Ruther Glen | State VA Zip Code 22546 | |
| Purpose of Disbursement Political consultant fee | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Phillip Hamilton | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 147 Yorktown Dr | | Amount of Each Disbursement this Period 808.42 Transaction ID : SB17.4440 |
| City Ruther Glen | State VA Zip Code 22546 | |
| Purpose of Disbursement Political consultant fee | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Mountaintop Media | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014 |
| Mailing Address POB 578 | | Amount of Each Disbursement this Period 1095.60 Transaction ID : SB17.4403 |
| City Sparta | State NJ Zip Code 07871 | |
| Purpose of Disbursement Radio Advertising | Category/Type 004 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2595.86 |
| 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 21 OF 37 | | |
| | <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)
Howie Lind for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mountaintop Media | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014 |
| Mailing Address POB 578 | | Amount of Each Disbursement this Period 5684.68 |
| City Sparta | State NJ | |
| Zip Code 07871 | Purpose of Disbursement Radio advertising | Transaction ID : SB17.4407 |
| Candidate Name | 004 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mountaintop Media | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 |
| Mailing Address POB 578 | | Amount of Each Disbursement this Period 6000.00 |
| City Sparta | State NJ | |
| Zip Code 07871 | Purpose of Disbursement Television advertising | Transaction ID : SB17.4410 |
| Candidate Name | 004 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mountaintop Media | | Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014 |
| Mailing Address POB 578 | | Amount of Each Disbursement this Period 569.04 |
| City Sparta | State NJ | |
| Zip Code 07871 | Purpose of Disbursement TV Advertising | Transaction ID : SB17.4422 |
| Candidate Name | 004 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 12253.72 |
| 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 22 OF 37 | |
| | <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)
Howie Lind for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Mountaintop Media | | Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014 |
| Mailing Address POB 578 | | Amount of Each Disbursement this Period 6180.00 Transaction ID : SB17.4449 |
| City Sparta | State NJ | |
| Zip Code 07871 | Purpose of Disbursement TV & radio advertising | Category/ Type 004 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. NewsMax | | Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014 |
| Mailing Address 560 Village Blvd | | Amount of Each Disbursement this Period 281.10 Transaction ID : SB17.4379 |
| City West Palm Beach | State FL | |
| Zip Code 33416 | Purpose of Disbursement Online advertising | Category/ Type 004 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. NewsMax | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014 |
| Mailing Address 560 Village Blvd | | Amount of Each Disbursement this Period 140.55 Transaction ID : SB17.4390 |
| City West Palm Beach | State FL | |
| Zip Code 33416 | Purpose of Disbursement Online advertising | Category/ Type 004 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6601.65 |
| 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 23 OF 37 | | | |
| | <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)
Howie Lind for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014 |
| Mailing Address 11816 Spectrum Center | | Amount of Each Disbursement this Period 9.85 |
| City Reston | State VA Zip Code 20191 | |
| Purpose of Disbursement Office supplies | Category/Type 001 | Transaction ID : SB17.4358 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014 |
| Mailing Address 11816 Spectrum Center | | Amount of Each Disbursement this Period 19.81 |
| City Reston | State VA Zip Code 20191 | |
| Purpose of Disbursement Office supplies | Category/Type 001 | Transaction ID : SB17.4359 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014 |
| Mailing Address 11816 Spectrum Center | | Amount of Each Disbursement this Period 31.21 |
| City Reston | State VA Zip Code 20191 | |
| Purpose of Disbursement Office supplies | Category/Type 004 | Transaction ID : SB17.4360 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 60.87 |
| 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 37 | | |
| | <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)
Howie Lind for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014 |
| Mailing Address 11816 Spectrum Center | | Amount of Each Disbursement this Period 25.35 Transaction ID : SB17.4375 |
| City Reston State VA Zip Code 20191 | Purpose of Disbursement Office supplies Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014 |
| Mailing Address 11816 Spectrum Center | | Amount of Each Disbursement this Period 34.36 Transaction ID : SB17.4376 |
| City Reston State VA Zip Code 20191 | Purpose of Disbursement Office supplies Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2301 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014 |
| Mailing Address 11816 Spectrum Center | | Amount of Each Disbursement this Period 23.87 Transaction ID : SB17.4395 |
| City Reston State VA Zip Code 20191 | Purpose of Disbursement Office supplies Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 83.58 |
| 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 37 | | | |
| | <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)
Howie Lind for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Office Depot | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014 |
| Mailing Address 11816 Spectrum Center | | Amount of Each Disbursement this Period 43.00 |
| City Reston | State VA Zip Code 20191 | |
| Purpose of Disbursement Office supplies | Category/Type 001 | Transaction ID : SB17.4397 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Craig Orndorff | | Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014 |
| Mailing Address 467 Toll House Rd | | Amount of Each Disbursement this Period 250.00 |
| City Maurertown | State VA Zip Code 22644 | |
| Purpose of Disbursement Political Consultant fee | Category/Type 001 | Transaction ID : SB17.4387 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Craig Orndorff | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014 |
| Mailing Address 467 Toll House Rd | | Amount of Each Disbursement this Period 250.00 |
| City Maurertown | State VA Zip Code 22644 | |
| Purpose of Disbursement Political consultant fee | Category/Type 001 | Transaction ID : SB17.4406 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 543.00 |
| 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 37 | | |
| | <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)
Howie Lind for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Craig Orndorff | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014 |
| Mailing Address 467 Toll House Rd | | Amount of Each Disbursement this Period 269.22 |
| City Maurertown | State VA Zip Code 22644 | |
| Purpose of Disbursement Political consultant fee | Category/Type 001 | Transaction ID : SB17.4413 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Craig Orndorff | | Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014 |
| Mailing Address 467 Toll House Rd | | Amount of Each Disbursement this Period 331.33 |
| City Maurertown | State VA Zip Code 22644 | |
| Purpose of Disbursement Political consultant fee | Category/Type 001 | Transaction ID : SB17.4418 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Craig Orndorff | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 467 Toll House Rd | | Amount of Each Disbursement this Period 379.04 |
| City Maurertown | State VA Zip Code 22644 | |
| Purpose of Disbursement Political consultant fee | Category/Type 001 | Transaction ID : SB17.4435 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 979.59 |
| 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 27 OF 37 | | | |
| | <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)
Howie Lind for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Cynthia Schmit | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014 |
| Mailing Address 1940 Taylor Dr #3 | | Amount of Each Disbursement this Period 342.48 Transaction ID : SB17.4400 |
| City Winchester | State VA Zip Code 22601 | |
| Purpose of Disbursement Political Consultant fee | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Cynthia Schmit | | Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014 |
| Mailing Address 1940 Taylor Dr #3 | | Amount of Each Disbursement this Period 376.00 Transaction ID : SB17.4405 |
| City Winchester | State VA Zip Code 22601 | |
| Purpose of Disbursement Political consultant fee | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Cynthia Schmit | | Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014 |
| Mailing Address 1940 Taylor Dr #3 | | Amount of Each Disbursement this Period 419.12 Transaction ID : SB17.4419 |
| City Winchester | State VA Zip Code 22601 | |
| Purpose of Disbursement Political Consultant fee | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1137.60 |
| 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 28 OF 37 | | | |
| | <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)
Howie Lind for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Cynthia Schmit | | Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014 |
| Mailing Address 1940 Taylor Dr #3 | | Amount of Each Disbursement this Period 484.64 Transaction ID : SB17.4436 |
| City Winchester | State VA Zip Code 22601 | |
| Purpose of Disbursement Political consultant fee | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Shane Sutton | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014 |
| Mailing Address 5103 Wills Ln | | Amount of Each Disbursement this Period 205.00 Transaction ID : SB17.4442 |
| City Annandale | State VA Zip Code 22003 | |
| Purpose of Disbursement Political consultant fee | Category/Type 001 | |
| Candidate Name Howie Lind for Congress | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: VA District: 10 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. US Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014 |
| Mailing Address 8409 Lee Hwy | | Amount of Each Disbursement this Period 147.00 Transaction ID : SB17.4361 |
| City Merrifield | State VA Zip Code 22081 | |
| 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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 836.64 |
| 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 29 OF 37 | |
| | <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)
Howie Lind for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. US Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014 |
| Mailing Address 8409 Lee Hwy | | Amount of Each Disbursement this Period 196.00 |
| City Merrifeld State VA Zip Code 22081 | Purpose of Disbursement Postage <input type="checkbox"/> 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.4414 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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

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

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 196.00 |
| TOTAL This Period (last page this line number only)..... | 32825.91 |

**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 37 | |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Howie Lind for Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Phyllis Lind | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014 |
| Mailing Address 9513 Veirs Drive Unit #1 | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4456 |
| City Rockville | State MD | |
| Zip Code 20850 | Purpose of Disbursement Refund of General Election Contribution | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Merchant E-Solutions | | Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014 |
| Mailing Address 3600 Bridge Parkway # 102 | | Amount of Each Disbursement this Period 48.35 Transaction ID : SB20A.4457 |
| City Redwood City | State CA | |
| Zip Code 94065 | Purpose of Disbursement Credit card processing fee | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Elizabeth Schafer | | Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014 |
| Mailing Address PO Box 616 | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4455 |
| City Lewes | State DE | |
| Zip Code 19958 | Purpose of Disbursement Refund of General Election Contribution | Category/ Type 010 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5248.35 |
| 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 31 OF 37 | | | |
| | <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21 | | | | |

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NAME OF COMMITTEE (In Full)
Howie Lind for Congress

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. The Printing Express | | | Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014 | |
| Mailing Address 21 Warehouse Rd | | | Amount of Each Disbursement this Period 526.50 | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : SB20A.4459 | |
| Purpose of Disbursement Printing - event invitations | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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

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

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 526.50 |
| TOTAL This Period (last page this line number only)..... | 5774.85 |

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)
Howie Lind for Congress

Transaction ID : **SC/10.4169**

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

[PERSONAL FUNDS]

Election: 2014

Howard Rhodes Lind

Primary

General

Other (specify) ▼

Mailing Address

1313 Rockland Terrace

City

State

ZIP Code

Mclean

VA

22101

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

02

12

2014

Date Due

5/31/2014

Interest Rate

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

75000.00

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

NAME OF COMMITTEE (In Full) **Howie Lind for Congress** Transaction ID : **SC/10.4171**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Howard Rhodes Lind Primary
 Mailing Address 1313 Rockland Terrace General
 Other (specify) ▼

City State ZIP Code
 Mclean VA 22101

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 20000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 20000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|---------------------------------|-------------------------------|---|
| Date Incurred M 03 / D 06 / Y 2014 | Date Due M / D / Y 5/31/2014 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|---------------------------------|-------------------------------|---|

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

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

| | | |
|--|---|--------------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | [] 20000.00 |
| 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)
Howie Lind for Congress

Transaction ID : **SC/10.4585**

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

[PERSONAL FUNDS]

Election: 2014

Howard Rhodes Lind

Primary
 General
 Other (specify) ▼

Mailing Address
1313 Rockland Terrace

City State ZIP Code
Mclean VA 22101

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

TERMS

Date Incurred: M 03 / D 17 / Y 2014
 Date Due: M / D / Y 5/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

| | | |
|--|---|----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 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)
Howie Lind for Congress

Transaction ID : **SC/10.4172**

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

[PERSONAL FUNDS]

Election: 2014

Howard Rhodes Lind

Primary
 General
 Other (specify) ▼

Mailing Address
1313 Rockland Terrace

City State ZIP Code
Mclean VA 22101

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 25000.00 | 0.00 | 25000.00 |

TERMS

Date Incurred: M 03 / D 25 / Y 2014
 Date Due: M / D / Y 5/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 25000.00

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

NAME OF COMMITTEE (In Full) **Howie Lind for Congress** Transaction ID : **SC/10.4586**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Howard Rhodes Lind Primary
 Mailing Address 1313 Rockland Terrace General
 Other (specify) ▼

City State ZIP Code
 Mclean VA 22101

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 11000.00 | 0.00 | 11000.00 |

TERMS Date Incurred Date Due Interest Rate Secured:
 M 04 / D 08 / Y 2014 M M / D D / Y 5/31/2014 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)..... ▶ 11000.00
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

NAME OF COMMITTEE (In Full) **Howie Lind for Congress** Transaction ID : **SC/10.4563**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Howard Rhodes Lind | [PERSONAL FUNDS] | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1313 Rockland Terrace | | |

| | | |
|--------|-------|----------|
| City | State | ZIP Code |
| Mclean | VA | 22101 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 10300.00 | 0.00 | 10300.00 |

TERMS

| | | | |
|----------------|-----------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 04 / 29 / 2014 | 5/31/2014 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

| | |
|--|-----------|
| SUBTOTALS This Period This Page (optional)..... | 10300.00 |
| TOTALS This Period (last page in this line only)..... | 151300.00 |

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