

# 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

Dr. Chad Mathis for Congress

ADDRESS (number and street) PO Box 1641  
2960 Pelham Pkwy  
Pelham AL 35124-5641

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**

C C00550038

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY  
01 / 01 / 2014 through 03 / 31 / 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 James Henry

Signature of Treasurer James Henry [Electronically Filed] Date

MM / DD / YYYY  
04 / 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.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Dr. Chad Mathis 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))....	114106.12	377561.38
(b) Total Contribution Refunds (from Line 20(d)) .....	150.00	7350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	113956.12	370211.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	172013.23	223092.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	28.56	29.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	171984.67	223062.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	257148.60	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	110000.00	

**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

**Dr. Chad Mathis for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	69597.00	287297.00
(ii) Unitemized.....	14927.00	19682.26
(iii) TOTAL of contributions from individuals ▶	84524.00	306979.26
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	29500.00	52500.00
(d) The Candidate.....	82.12	18082.12
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	114106.12	377561.38
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	10000.00	110000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	110000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	28.56	29.54
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	124134.68	487590.92

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	172013.23	223092.32
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 .....	150.00	7350.00
(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)).....	150.00	7350.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	172163.23	230442.32

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	305177.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	124134.68
25. SUBTOTAL (add Line 23 and Line 24).....	429311.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	172163.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	257148.60

**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 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Nicholas Abidi**

Mailing Address 27 Taryn Ct

City State Zip Code  
Scotts Valley CA 95066

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

Name of Employer Occupation  
OrthNorcal Orthopedic Surgeon

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 / 18 / 2014

**Transaction ID : SA11AI.6587**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Allen F. Anderson**

Mailing Address 1303 Chickering Rd

City State Zip Code  
Nashville TN 37215

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

Name of Employer Occupation  
TOA Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 09 / 2014

**Transaction ID : SA11AI.6589**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Leroy Scott Atkins**

Mailing Address 3 Old Northriver Pointe

City State Zip Code  
Tuscaloosa AL 35406

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

Name of Employer Occupation  
University Orthopedic Clinic Orthopedist

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 / 09 / 2014

**Transaction ID : SA11AI.6593**

Amount of Each Receipt this Period  
1000.00

**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 6 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Frederick Azar**

Mailing Address 385 Goodwyn St

City Memphis State TN Zip Code 38111

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

Name of Employer Campbell Clinic Orthopedics Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.6595**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 140 Waterloo Bend

City Birmingham State AL Zip Code 35242

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

Name of Employer Superior Automotive, Inc Occupation Business owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

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

**Transaction ID : SA11AI.6598**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 39180 Farwell Dr.

City Fremont State CA Zip Code 94538

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

Name of Employer Self Employed Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.6600**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

**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 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Timothy Blair**

Mailing Address 4228 Gaines Mill Cir

City Birmingham State AL Zip Code 35213

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

Name of Employer Shannon Waltchuk Real Estate Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.6602**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 67 Havemeyer Rd

City Irvington State NY Zip Code 10533

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

Name of Employer TJH Medical Services Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.6604**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3104 Roxbury Rd

City Birmingham State AL Zip Code 35209

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

Name of Employer Shelby Dermatology Occupation Dermatologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.6606**

Amount of Each Receipt this Period  
 250.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Brice Brackin**

Mailing Address 100 Thompson Rd

City Alabaster State AL Zip Code 35007

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  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11AI.6607**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 153 Hickory Street

City Covington State LA Zip Code 70433

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

Name of Employer The Javier Law Firm Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

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

**Transaction ID : SA11AI.6612**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 3024 Sterling Road

City Birmingham State AL Zip Code 35213

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5200.00

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

**Transaction ID : SA11AI.6614**

Amount of Each Receipt this Period  
2600.00

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

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

3800.00

**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 67
	<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)  
**Dr. Chad Mathis for Congress**

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

Mailing Address 3024 Sterling Road

City Birmingham State AL Zip Code 35213

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

Name of Employer OrthoSports Associates Occupation MD

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

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

**Transaction ID : SA11Al.6613**

Amount of Each Receipt this Period  
 2600.00

5200.00

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

Mailing Address 2113 Rockland Drive

City Hoover State AL Zip Code 35226

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

Name of Employer Homemaker Occupation Homemaker

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 / 29 / 2014

**Transaction ID : SA11Al.6620**

Amount of Each Receipt this Period  
 2600.00

2600.00

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

Mailing Address 5710 Macon Dr. SE

City Huntsville State AL Zip Code 35802

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

Name of Employer The Orthopedic Center 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  
 03 / 12 / 2014

**Transaction ID : SA11Al.6629**

Amount of Each Receipt this Period  
 1000.00

1000.00

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

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

6200.00

**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 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steven Cowles**

Mailing Address 6212 Elati Ct

City Alexandria State VA Zip Code 22310-1646

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

Name of Employer COWLES FORD INC Occupation AUTO DEALER

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 / 13 / 2014

**Transaction ID : SA11AI.5250**

Amount of Each Receipt this Period  
 500.00

Earmarked through Senate Conservatives Fund

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

Mailing Address 1208 Perthire Ct

City Birmingham State AL Zip Code 35242

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

Name of Employer Andrews Sports Medicine 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 / 18 / 2014

**Transaction ID : SA11AI.6639**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3771 Katella Ave #310

City Los Alamitis State CA Zip Code 90720

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  
 03 / 20 / 2014

**Transaction ID : SA11AI.6643**

Amount of Each Receipt this Period  
 500.00

**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 11 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edwin Devilbiss**

Mailing Address 38 Spartina Point Dr

City State Zip Code  
Hilton Head SC 29926-1077

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  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2014

**Transaction ID : SA11AI.5275**

Amount of Each Receipt this Period  
250.00

Earmarked through Senate Conservatives Fund

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

Mailing Address 38 Spartina Point Dr

City State Zip Code  
Hilton Head SC 29926-1077

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  
03 / 24 / 2014

**Transaction ID : SA11AI.5378**

Amount of Each Receipt this Period  
250.00

Earmarked through Senate Conservatives Fund

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

Mailing Address 5002 Lago Dr.

City State Zip Code  
Madisonville KY 42431

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

Name of Employer Occupation  
Baptist Health Surgeon

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 / 06 / 2014

**Transaction ID : SA11AI.6645**

Amount of Each Receipt this Period  
1000.00

**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 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Russ Dorsey**

Mailing Address 7238 Crown Ridge Dr

City Trussville State AL Zip Code 35173

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

Name of Employer Unemployed Occupation IT Contractor

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 / 17 / 2014

**Transaction ID : SA11Al.6647**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 1004 1st St. N, Ste 330

City Alabaster State AL Zip Code 35007

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

Name of Employer Neurology Neurodiagnostic Lab Occupation 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 / 20 / 2014

**Transaction ID : SA11Al.6653**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 3608 Grand Rock Ln

City Birmingham State AL Zip Code 35223

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

Name of Employer Ortho Sports Assoc Occupation Orthopedic Surgeon

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 / 20 / 2014

**Transaction ID : SA11Al.6655**

Amount of Each Receipt this Period  
 1000.00

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

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

3700.00

**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 67
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Clara E Gerhardt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 5309 Meadow Brook Road		<b>Transaction ID : SA11AI.6660</b>	
City Birmingham	State AL	Amount of Each Receipt this Period 2600.00	
Zip Code 35242			
FEC ID number of contributing federal political committee. C			
Name of Employer DNA	Occupation Educator		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>B. David C Gerhardt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 5309 Meadow Brook Road		<b>Transaction ID : SA11AI.6661</b>	
City Birmingham	State AL	Amount of Each Receipt this Period 2600.00	
Zip Code 35242			
FEC ID number of contributing federal political committee. C			
Name of Employer Alabama Bone and Joint, LLC	Occupation MD		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3600.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Wilford Gibson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 230 Clearfield Ave, Ste 124		<b>Transaction ID : SA11AI.6667</b>	
City Virginia Beach	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 23462			
FEC ID number of contributing federal political committee. C			
Name of Employer Atlantic Orthopedic Specialists	Occupation Surgeon		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<b>TOTAL</b> 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 14 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charles Frederick Hall</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 05 / 2014	
Mailing Address 2035 springhill court		<b>Transaction ID : SA11Al.6668</b>	
City Birmingham	State AL	Zip Code 35242	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer MedXsys	Occupation Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Lawrence Halperin</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 408 Spring valley		<b>Transaction ID : SA11Al.6670</b>	
City Altamonte Springs	State FL	Zip Code 32714	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 300.00	
Name of Employer Orlando Orthopedic Center	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. David Halsey</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 56 Proctor Kelly Ln		<b>Transaction ID : SA11Al.6862</b>	
City Shelburne	State VT	Zip Code 05482	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Fletcher Allen Ortho & Med	Occupation Physican		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> 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 15 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Thomas Haltom**

Mailing Address 2926 Ashebrooke Dr

City Marietta State GA Zip Code 30068

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

Name of Employer Mind Spring Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.6672**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1549 Parkside Ct

City Birmingham State AL Zip Code 35209

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  
 03 / 25 / 2014

**Transaction ID : SA11AI.6673**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 745 Saulter Lane

City Birmingham State AL Zip Code 35209

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

Name of Employer OutPatient care center Occupation Adminsitrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : SA11AI.6675**

Amount of Each Receipt this Period  
 250.00

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

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

950.00

**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 67
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Sarah Hays**

Mailing Address 2617 Cherokee Rd

City Birmingham State AL Zip Code 35216

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

Name of Employer Vision First Eye Center Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.6677**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2800 Ross Clark Circle, Ste 100

City Doth State AL Zip Code 36301

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

Name of Employer Eye Partners PC Occupation Opthamologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 26 / 2014

**Transaction ID : SA11AI.6681**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2353 N Parker Dr

City Janesville State WI Zip Code 53545-0715

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

Name of Employer ABC SUPPLY CO. Occupation MANAGEMENT

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.6059**

Amount of Each Receipt this Period  
 500.00

Earmarked through Senate Conservatives Fund

**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 17 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lee M. Holmes**

Mailing Address **PO Box AR**

City **Hagatna** State **GU** Zip Code **96932-7564**

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

Name of Employer **SOUTHERN MEDIA, INC.** Occupation **MANAGER**

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 / 27 / 2014**

**Transaction ID : SA11AI.5563**

Amount of Each Receipt this Period  
**250.00**

Earmarked through Senate Conservatives Fund

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

Mailing Address **2858 Hwy 31 S**

City **Pelham** State **AL** Zip Code **35124**

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

Name of Employer **Issis & Sons Floors** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : SA11AI.6691**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **2407 Pomona Lane**

City **Wilmette** State **IL** Zip Code **60091**

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

Name of Employer **Rush University Medical Center** Occupation **Physician**

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 / 12 / 2014**

**Transaction ID : SA11AI.6693**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 67
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jim Johnson**

Mailing Address **PO Box 1144**

City **Troy** State **MT** Zip Code **59935-1144**

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

Name of Employer **CHLOR RID** Occupation **MARKETING**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **222.00**

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

**Transaction ID : SA11AI.6111**

Amount of Each Receipt this Period  
**22.00**

Earmarked through Senate Conservatives Fund

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

Mailing Address **10700 Brooks School Rd**

City **Fishers** State **IN** Zip Code **46037**

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

Name of Employer **Global Capital Finance** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 23 / 2014**

**Transaction ID : SA11AI.6699**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **6418 Silverton Ct**

City **Indianapolis** State **IN** Zip Code **46237**

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

Name of Employer **OrthoIndy** Occupation **Surgeon**

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 / 07 / 2014**

**Transaction ID : SA11AI.6701**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3622.00**

**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 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Claudette Lajam**

Mailing Address 30 Knollwood Dr

City Larchmont State NY Zip Code 10538

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

Name of Employer NYU Langone Medical Center Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.6705**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1309 Redan Dr

City Verona State WI Zip Code 53593

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

Name of Employer University of Wisconsin Occupation Surgeon

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  
 03 / 25 / 2014

**Transaction ID : SA11AI.6707**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 806 St Vincent Dr STE 500

City Birmingham State AL Zip Code 35205

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

Name of Employer Henderson and Walton Women's Center Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : SA11AI.6709**

Amount of Each Receipt this Period  
2000.00

**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 20 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

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

Mailing Address 3533 Spring Valley Ct

City State Zip Code  
Mountain Brook AL 35223

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

Name of Employer Occupation  
Mckesson Orthopedics Salesman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

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

**Transaction ID : SA11Al.6711**

Amount of Each Receipt this Period  
450.00

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

Mailing Address 1215 Buckhead Cir

City State Zip Code  
Birmingham AL 35216

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

Name of Employer Occupation  
Birmingham Anesthesia Services Anesthesiologist

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 / 27 / 2014

**Transaction ID : SA11Al.6713**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1700 Murchison STE C

City State Zip Code  
El Paso TX 79902

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

Name of Employer Occupation  
El Paso Orthopedic Surgery Group Physician

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 / 12 / 2014

**Transaction ID : SA11Al.6717**

Amount of Each Receipt this Period  
500.00

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Daniel Matthews**

Mailing Address 134 Augusta Ct

City Fairhope State AL Zip Code 36532

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

Name of Employer AOSM Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : SA11Al.6721**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2503 D Mountain Brook Circle

City Birmingham State AL Zip Code 35223

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

Name of Employer Radiologist Occupation Radiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.6723**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 300 1st Street North, Suite C

City Alabaster State AL Zip Code 35007

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

Name of Employer Alabama Family Medicine, P.C. Occupation Physician

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 : SA11Al.6724**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Gregory McDowell**

Mailing Address 640 Poly Dr

City Billings State MT Zip Code 59102

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

Name of Employer Ortho Montana Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.6726**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1541 Millsprings Rd

City New Market State TN Zip Code 37820

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

Name of Employer Knoxville Orthopedic Clinic Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.6730**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1277 W Tortolita Mountain Cir

City Oro Valley State AZ Zip Code 85755-5925

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 / 11 / 2014

**Transaction ID : SA11AI.5123**

Amount of Each Receipt this Period  
 250.00

Earmarked through Senate Conservatives Fund

**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 23 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John Wills Oglesby**

Mailing Address 301 21st Ave N

City Nashville State TN Zip Code 37203

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

Name of Employer Tennessee Orthopedic Alliance Occupation Orthopedist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11Al.6748**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 781 Jasmine Hill Road

City Indian Springs State AL Zip Code 35124

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

Name of Employer Capital Heating and Cooling Occupation Owner/Heating, Cooling, Generator Sale

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 : SA11Al.6750**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 4248 Stone River Rd

City Birmingham State AL Zip Code 35213

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

Name of Employer Pappas Ear Clinic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Al.6752**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Andrew Patterson**

Mailing Address 2032 Hickory Rd

City Vestavia Hills State AL Zip Code 35216

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

Name of Employer Shannon Waltchuk Real Estate Occupation Realtor

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 / 26 / 2014

**Transaction ID : SA11Al.6754**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 4739 Stonegate Place

City Trussville State AL Zip Code 35173

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 Y Y  
 03 / 31 / 2014

**Transaction ID : SA11Al.6756**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Patrick Stephen Pohl**

Mailing Address 539 Welsh Patridge Circle

City Candler State NC Zip Code 28715

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

Name of Employer Takeda Pharmaceuticals Occupation Field Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2014

**Transaction ID : SA11Al.6757**

Amount of Each Receipt this Period  
 200.00

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Patrick Stephen Pohl**

Mailing Address 539 Welsh Patridge Circle

City Candler State NC Zip Code 28715

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

Name of Employer Takeda Pharmaceuticals Occupation Field Sales

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 / 02 / 2014

**Transaction ID : SA11AI.6758**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Patrick Stephen Pohl**

Mailing Address 539 Welsh Patridge Circle

City Candler State NC Zip Code 28715

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

Name of Employer Takeda Pharmaceuticals Occupation Field Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 08 / 2014

**Transaction ID : SA11AI.6759**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 1692 BULLock Circle

City Owings Mills State MD Zip Code 21117

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

Name of Employer University of Maryland Medical Center Occupation Physician

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 / 12 / 2014

**Transaction ID : SA11AI.6763**

Amount of Each Receipt this Period  
**500.00**

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

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

**900.00**

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

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

FOR LINE NUMBER: PAGE 26 OF 67  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Andrew Ryan**

Mailing Address 2205 Lakeside Dr

City Lexington State KY Zip Code 40502

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

Name of Employer Lexington orthopedic Association Occupation Orthopedic Surgeon

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 / 20 / 2014

**Transaction ID : SA11Al.6771**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 701 Princeton Ave Sw

City Birmingham State AL Zip Code 35242

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

Name of Employer Anesthesia Services 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  
 01 / 24 / 2014

**Transaction ID : SA11Al.6773**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 100 Perry Hill Rd

City Montgomery State AL Zip Code 36109

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

Name of Employer Rehab Select Center for Rehabilitation Occupation Business owner

Receipt For: 2014  
 Primary     General  
 Other (specify) Runoff

Election Cycle-to-Date

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

**Transaction ID : SA11Al.6777**

Amount of Each Receipt this Period  
 2600.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Abraham Schuster**

Mailing Address 205 Euclid Ave

City Birmingham State AL Zip Code 35213

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

Name of Employer Anesthesia Services of Birmingham Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 22 / 2014

**Transaction ID : SA11AI.6778**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 388

City Alexandria State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.6843**

Amount of Each Receipt this Period  
5011.00

Total earmarked through conduit. PAC limit not affected.  
**[MEMO ITEM]**

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

Mailing Address PO Box 388

City Alexandria State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.6845**

Amount of Each Receipt this Period  
480.00

Total earmarked through conduit. PAC limit not affected.  
**[MEMO ITEM]**

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

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

250.00

**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 28 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A. Senate Conservatives Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 388

City: Alexandria State: VA Zip Code: 22313

FEC ID number of contributing federal political committee: **C** C00448696

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.6846**

Amount of Each Receipt this Period: 7283.00

Total earmarked through conduit. PAC limit not affected.  
**[MEMO ITEM]**

**B. Dr. Stephen Shick**

Full Name (Last, First, Middle Initial)  
Mailing Address 14577 Faucet Lane

City: Fishers State: IN Zip Code: 46040

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

Name of Employer: Occupation:  
Central Indiana Orthopedic Center Orthopedic Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 20 / 2014

**Transaction ID : SA11AI.6782**

Amount of Each Receipt this Period: 500.00

**C. Chris Shows**

Full Name (Last, First, Middle Initial)  
Mailing Address 132 Pine Rock Ln

City: Birmingham State: AL Zip Code: 35226

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

Name of Employer: Occupation:  
Initial Builders Office administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 21 / 2014

**Transaction ID : SA11AI.6784**

Amount of Each Receipt this Period: 1000.00

**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 29 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Stephanie Smith**

Mailing Address 425 Sunset Dr

City Vestavia Hills State AL Zip Code 35216

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

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

**Transaction ID : SA11AI.6856**

Amount of Each Receipt this Period  
225.00

In-kind - Food & beverage

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

Mailing Address 4428 Fredericksburg Dr

City Birmingham State AL Zip Code 35213

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

Name of Employer Steinmetz Plastic surgery consultants Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.6790**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. W. Robert Stover**

Mailing Address 1981 N Broadway Ste 362

City Walnut Creek State CA Zip Code 94596-8213

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 / 18 / 2014

**Transaction ID : SA11AI.5359**

Amount of Each Receipt this Period  
500.00

Earmarked through Senate Conservatives Fund

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

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

1225.00

**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 30 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

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

Mailing Address 6 Country Club Terrace

City Birmingham State AL Zip Code 35213

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

Name of Employer Homemaker Occupation Homemaker

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 / 18 / 2014

**Transaction ID : SA11AI.6795**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1180 Tonkawa Rd

City Long Lake State MN Zip Code 55356

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

Name of Employer Hennepin County Medical Center Occupation Physician

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 / 12 / 2014

**Transaction ID : SA11AI.6806**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 825 Thomas Rd

City Beaumont State TX Zip Code 77706

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

Name of Employer Beaumont Bone and Joint Institute Occupation Physician

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 / 12 / 2014

**Transaction ID : SA11AI.6808**

Amount of Each Receipt this Period  
500.00

**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 31 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Tracey V Thomson**

Mailing Address 4398 Boulder Lake Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer Thomson Dental Arts, P.C. Occupation MD, DMD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950.00**

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

**Transaction ID : SA11Al.6809**

Amount of Each Receipt this Period  
**450.00**

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

Mailing Address 100 Perry Hill Road

City Montgomery State AL Zip Code 36109

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

Name of Employer Schmidt Wallace Healthcare Management Occupation Business owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **5200.00**

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

**Transaction ID : SA11Al.6814**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. George B Watson**

Mailing Address 1805 Mountain Woods Place

City Vestavia State AL Zip Code 35216

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

Name of Employer Watson Medical, Inc Occupation Business owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **4100.00**

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

**Transaction ID : SA11Al.6819**

Amount of Each Receipt this Period  
**1500.00**

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

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

**4550.00**

**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 32 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Leslie Whitcomb**

Mailing Address 7401 Kings Mountain Court

City Birmingham State AL Zip Code 35242

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.6821**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 869 Jasmine Hill Road

City Indian Springs State AL Zip Code 35214

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

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

**Transaction ID : SA11AI.6822**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 869 Jasmine Hill Road

City Indian Springs State AL Zip Code 35214

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

Name of Employer Priority Signs, Inc Occupation Business owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

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

**Transaction ID : SA11AI.6823**

Amount of Each Receipt this Period  
 2600.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Wilson**

Mailing Address 25780 Paseo Estribo

City Monterey State CA Zip Code 93940

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

Name of Employer Wellspring Assoc. Occupation healthcare manager

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 / 22 / 2014

**Transaction ID : SA11AI.6825**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2806 15th Avenue

City Rochester State MN Zip Code 55902

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

Name of Employer Mayo Clinic Occupation Surgeon

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 / 25 / 2014

**Transaction ID : SA11AI.6827**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

750.00

69597.00

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

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

FOR LINE NUMBER: PAGE 34 OF 67  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Academy of Dermatology Association PAC**

Mailing Address 1445 New York Avenue NW, Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00359539**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.6829**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC**

Mailing Address 1650 Diagonal Rd

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00306449**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11C.6837**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**American Society of Interventional Pain Physicians PAC**

Mailing Address 2831 Lone Oak Rd.

City Paducah State KY Zip Code 42003

FEC ID number of contributing federal political committee. **C C00351197**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11C.6831**

Amount of Each Receipt this Period  
 5000.00

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

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

9000.00

**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 35 OF 67
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Citizens United Political Victory Fund**

Mailing Address 1006 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C0029527**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.6833**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Davita INC Political Action Committee**

Mailing Address 601 Hawaii Street

City El Segundo State CA Zip Code 90245

FEC ID number of contributing federal political committee. **C C00340943**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.6835**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Gun Owners of America Political Victory Fund**

Mailing Address 8001 Forbes Place, Suite 102

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C C00278101**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.6839**

Amount of Each Receipt this Period  
 4500.00

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

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

10500.00

**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 36 OF 67
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Chad Mathis for Congress**

**A. NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 501 E. MAIN STREET  
SUITE 200

City Windsor State CO Zip Code 80550

FEC ID number of contributing federal political committee. **C** C00481200

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.6841**

Amount of Each Receipt this Period  
 5000.00

**B. Senate Conservatives Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 388

City Alexandria State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11C.6842**

Amount of Each Receipt this Period  
 5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

10000.00

29500.00

**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 37 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Chad Mathis**

Mailing Address PO Box 1641  
2960 Pelham Pkwy

City Pelham State AL Zip Code 35124-5641

FEC ID number of contributing federal political committee. **C** H4AL06072

Name of Employer Alabama Bone and Joint, LLC Occupation Orthopedic Surgeon

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
118082.12

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

**Transaction ID : SA11D.6852**

Amount of Each Receipt this Period  
82.12

In-kind - buttons for campaign event

**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).....

82.12

82.12

**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 38 OF 67
	<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)  
**Dr. Chad Mathis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Chad Mathis**

Mailing Address 5302 Mountain Park Dr.

City Indian Springs State AL Zip Code 35124

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

Name of Employer Alabama Bone and Joint Clinic Occupation Surgeon

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  
 03 / 31 / 2014

**Transaction ID : SA13A.6868**

Amount of Each Receipt this Period  
10000.00

Loan from personal funds

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

Mailing Address PO Box 1641  
2960 Pelham Pkwy

City Pelham State AL Zip Code 35124-5641

FEC ID number of contributing federal political committee. **C** H4AL06072

Name of Employer Alabama Bone and Joint, LLC Occupation Orthopedic Surgeon

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
118082.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA13A.6899**

Amount of Each Receipt this Period  
17842.56

Loan from personal funds (see transactions SB17.4841 - SB17.4850) on YE 2013 Report  
**[MEMO ITEM]**

**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).....

10000.00

10000.00

**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 39 OF 67		
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address One ADP Drive MS-600		Amount of Each Disbursement this Period 2740.60 <b>Transaction ID : SB17.4874</b>
City Augusta	State GA	
Zip Code 30909	Purpose of Disbursement Payroll tax deposit	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address One ADP Drive MS-600		Amount of Each Disbursement this Period 73.30 <b>Transaction ID : SB17.4875</b>
City Augusta	State GA	
Zip Code 30909	Purpose of Disbursement Payroll service fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Alabama Republican Party</b>		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address 3505 Lorna Road		Amount of Each Disbursement this Period 3480.00 <b>Transaction ID : SB17.4879</b>
City Birmingham	State AL	
Zip Code 35216	Purpose of Disbursement Candidate filing fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6293.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alabama Republican Party</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014	
Mailing Address 3505 Lorna Road			Amount of Each Disbursement this Period 150.00	
City Birmingham	State AL	Zip Code 35216	Transaction ID : SB17.4880	
Purpose of Disbursement Event registration		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address P.O. Box 537104			Amount of Each Disbursement this Period 149.83	
City Atlanta	State GA	Zip Code 30353-7104	Transaction ID : SB17.4885	
Purpose of Disbursement Telephon service		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Boosters, Incorporated</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014	
Mailing Address P.O. Box 70156			Amount of Each Disbursement this Period 7694.60	
City Montgomery	State AL	Zip Code 36107	Transaction ID : SB17.4889	
Purpose of Disbursement Signs, labels		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7994.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 67	
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Campaign Grid</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 400 First Street, SE Second Floor		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Online advertising	Transaction ID : SB17.4890
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DeLullo &amp; Associates LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 815 King Street, Ste. 308		Amount of Each Disbursement this Period 2500.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Consulting - fundraising	Transaction ID : SB17.4901
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DeLullo &amp; Associates LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 815 King Street, Ste. 308		Amount of Each Disbursement this Period 700.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Consulting - fundraising	Transaction ID : SB17.4902
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 67	
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. DeLullo &amp; Associates LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014	
Mailing Address 815 King Street, Ste. 308			Amount of Each Disbursement this Period 2500.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17.4903	
Purpose of Disbursement Consulting - fundraising		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. DeLullo &amp; Associates LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014	
Mailing Address 815 King Street, Ste. 308			Amount of Each Disbursement this Period 2500.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17.4904	
Purpose of Disbursement Consulting - fundraising		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. FedEx Office</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014	
Mailing Address 3260 Galleria Cir			Amount of Each Disbursement this Period 154.08	
City Hoover	State AL	Zip Code 35244-2300	Transaction ID : SB17.4912	
Purpose of Disbursement Printing		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5154.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx Office</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 3260 Galleria Cir		Amount of Each Disbursement this Period 109.00
City Hoover	State AL Zip Code 35244-2300	
Purpose of Disbursement Printing	Candidate Name	<b>Transaction ID : SB17.4913</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FedEx Office</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 3260 Galleria Cir		Amount of Each Disbursement this Period 102.15
City Hoover	State AL Zip Code 35244-2300	
Purpose of Disbursement Printing	Candidate Name	<b>Transaction ID : SB17.4914</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. FedEx Office</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 3260 Galleria Cir		Amount of Each Disbursement this Period 248.49
City Hoover	State AL Zip Code 35244-2300	
Purpose of Disbursement Printing	Candidate Name	<b>Transaction ID : SB17.4915</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	459.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gober Hilgers PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 2101 Cedar Springs Rd., Ste. 1050		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4916</b>
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal & compliance services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gober Hilgers PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 2101 Cedar Springs Rd., Ste. 1050		Amount of Each Disbursement this Period 2530.93 <b>Transaction ID : SB17.4917</b>
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal & compliance services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gober Hilgers PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 2101 Cedar Springs Rd., Ste. 1050		Amount of Each Disbursement this Period 2533.77 <b>Transaction ID : SB17.4918</b>
City Dallas State TX Zip Code 75201	Purpose of Disbursement Legal & compliance services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7564.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 67	
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hynes Communications, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 121 Bow Street, Unit 6		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB17.4920</b>
City Portsmouth	State NH	
Zip Code 03801	Purpose of Disbursement Media outreach	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Hynes Communications, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 121 Bow Street, Unit 6		Amount of Each Disbursement this Period 3150.00 <b>Transaction ID : SB17.4921</b>
City Portsmouth	State NH	
Zip Code 03801	Purpose of Disbursement Media outreach	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 5 Mapleton Road, Suite 300		Amount of Each Disbursement this Period 35105.00 <b>Transaction ID : SB17.4922</b>
City Princeton	State NJ	
Zip Code 08540	Purpose of Disbursement Media buys	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	42755.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 67	
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 5 Mapleton Road, Suite 300		Amount of Each Disbursement this Period 25020.00 <b>Transaction ID : SB17.4923</b>
City Princeton	State NJ	
Zip Code 08540	Purpose of Disbursement Media buys	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Kirk Lippold</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1208 Huntly Place		Amount of Each Disbursement this Period 470.12 <b>Transaction ID : SB17.4865</b>
City Alexandria	State VA	
Zip Code 22307	Purpose of Disbursement Reimbursement - parking, meals, fuel, airfare, transportation (see below if itemized)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 339.20 <b>Transaction ID : SB17.4865.6</b> <b>[MEMO ITEM]</b>
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25490.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 67	
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lippold Strategies LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2014
Mailing Address 290 South Sutro Terrace		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : SB17.4924</b>
City Carson City	State NV Zip Code 89706	
Purpose of Disbursement Books donor mementos	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Magellan Strategies BR, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 12491 Plantation Creek		Amount of Each Disbursement this Period 625.00 <b>Transaction ID : SB17.4930</b>
City Geismer	State LA Zip Code 70734	
Purpose of Disbursement Research	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dr. Chad Mathis</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address PO Box 1641 2960 Pelham Pkwy		Amount of Each Disbursement this Period 82.12 <b>Transaction ID : SB17.6853</b>
City Pelham	State AL Zip Code 35124-5641	
Purpose of Disbursement In-kind - buttons for campaign event	Candidate Name	Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: AL District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3107.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address 1761 Montgomery Hwy.		Amount of Each Disbursement this Period 277.96 <b>Transaction ID : SB17.4932</b>
City Hoover	State AL Zip Code 35244	
Purpose of Disbursement Paper, ink, printer	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1761 Montgomery Hwy.		Amount of Each Disbursement this Period 39.23 <b>Transaction ID : SB17.4933</b>
City Hoover	State AL Zip Code 35244	
Purpose of Disbursement Envelopes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1761 Montgomery Hwy.		Amount of Each Disbursement this Period 71.92 <b>Transaction ID : SB17.4934</b>
City Hoover	State AL Zip Code 35244	
Purpose of Disbursement Printer ink	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	277.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dean Petrone</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014		
Mailing Address 951 18th Street South, Apt 278			Amount of Each Disbursement this Period 967.75		
City Birmingham	State AL	Zip Code 35205	Transaction ID : SB17.4867		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Dean Petrone</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014		
Mailing Address 951 18th Street South, Apt 278			Amount of Each Disbursement this Period 161.21		
City Birmingham	State AL	Zip Code 35205	Transaction ID : SB17.4868		
Purpose of Disbursement Reimbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Dean Petrone</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014		
Mailing Address 951 18th Street South, Apt 278			Amount of Each Disbursement this Period 4574.31		
City Birmingham	State AL	Zip Code 35205	Transaction ID : SB17.4869		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5703.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dean Petrone</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 951 18th Street South, Apt 278		Amount of Each Disbursement this Period 25980.56 <b>Transaction ID : SB17.4870</b>
City Birmingham	State AL Zip Code 35205	
Purpose of Disbursement Reimbursement - mileage, serving plates, luncheon (see below if itemized)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dean Petrone</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 951 18th Street South, Apt 278		Amount of Each Disbursement this Period 137.20 <b>Transaction ID : SB17.4870.0</b> <b>[MEMO ITEM]</b>
City Birmingham	State AL Zip Code 35205	
Purpose of Disbursement Mileage reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Phillip Stutts &amp; Company, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 2307 1st St. NW		Amount of Each Disbursement this Period 25797.80 <b>Transaction ID : SB17.4938</b>
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Strategic consulting, video production & microsite creation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25980.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Phillip Stutts &amp; Company, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 05 / 2014</b>
Mailing Address 2307 1st St. NW		Amount of Each Disbursement this Period <b>10162.62</b> <b>Transaction ID : SB17.4939</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement Strategic consulting, video production	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 02 / 2014</b>
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period <b>143.76</b> <b>Transaction ID : SB17.4940</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit card fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 03 / 2014</b>
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period <b>1.44</b> <b>Transaction ID : SB17.4941</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit card fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10307.82</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 67	
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 268.83 <b>Transaction ID : SB17.4942</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 185.44 <b>Transaction ID : SB17.4943</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 5.75 <b>Transaction ID : SB17.4944</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	460.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 0.58 <b>Transaction ID : SB17.4945</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 12.94 <b>Transaction ID : SB17.4946</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 13.82 <b>Transaction ID : SB17.4947</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 0.86 <b>Transaction ID : SB17.4948</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 5.75 <b>Transaction ID : SB17.4949</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 1.44 <b>Transaction ID : SB17.4950</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 5.75
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Transaction ID : SB17.4951
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 11.50
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Transaction ID : SB17.4952
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 14.38
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Transaction ID : SB17.4953
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	31.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 89.13 <b>Transaction ID : SB17.4954</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 8.63 <b>Transaction ID : SB17.4955</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 14.38 <b>Transaction ID : SB17.4956</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	112.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 67	
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 04 / 2014</b>
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period <b>1.44</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	<b>Transaction ID : SB17.4957</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2014</b>
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period <b>14.38</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	<b>Transaction ID : SB17.4958</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2014</b>
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period <b>5.75</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	<b>Transaction ID : SB17.4959</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>21.57</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 67		
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 28.75
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Transaction ID : SB17.4960
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 5.75
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Transaction ID : SB17.4961
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 28.75
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Transaction ID : SB17.4962
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	63.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 86.25 <b>Transaction ID : SB17.4963</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 63.25 <b>Transaction ID : SB17.4964</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 80.50 <b>Transaction ID : SB17.4965</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	230.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 5.75 <b>Transaction ID : SB17.4966</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit card fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 1.15 <b>Transaction ID : SB17.4967</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit card fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 149.50 <b>Transaction ID : SB17.4968</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit card fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	156.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 67	
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matt Savage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 13250 13th Ave.		Amount of Each Disbursement this Period 6000.00 <b>Transaction ID : SB17.4871</b>
City Saint Charles	State IA	
Zip Code 50240	Purpose of Disbursement Campaign management consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Matt Savage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 13250 13th Ave.		Amount of Each Disbursement this Period 408.68 <b>Transaction ID : SB17.4872</b>
City Saint Charles	State IA	
Zip Code 50240	Purpose of Disbursement Reimbursement - insurance, telephone, toner (see below if itemized)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Blue Cross Blue Shield</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 450 Riverchase Pkwy. East		Amount of Each Disbursement this Period 220.55 <b>Transaction ID : SB17.4872.2</b> <b>[MEMO ITEM]</b>
City Birmingham	State AL	
Zip Code 35244	Purpose of Disbursement Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6408.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 67	
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address PO Box 11328		Amount of Each Disbursement this Period 127.43
City St. Petersburg	State FL	
Zip Code 33733	Purpose of Disbursement Telephone service	Transaction ID : SB17.4872.3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shannon Waltchack Management, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 120 18th Street South, Suite 101		Amount of Each Disbursement this Period 1650.00
City Birmingham	State AL	
Zip Code 35233	Purpose of Disbursement Office rent	Transaction ID : SB17.4985
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mrs. Stephanie Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 425 Sunset Dr		Amount of Each Disbursement this Period 225.00
City Vestavia Hills	State AL	
Zip Code 35216	Purpose of Disbursement In-kind - Food & beverage	Transaction ID : SB17.6857
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1875.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 67			
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 1694 Montgomery Highway		Amount of Each Disbursement this Period 39.82
City Hoover	State AL Zip Code 35226	
Purpose of Disbursement Paper	Candidate Name	Transaction ID : SB17.5011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Stormo &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 7434 Thornapple River Drive, SE		Amount of Each Disbursement this Period 1250.00
City Caledonia	State MI Zip Code 49316	
Purpose of Disbursement Research	Candidate Name	Transaction ID : SB17.4986
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Strategic Information Consultants, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 4100 Biltmore Ave.		Amount of Each Disbursement this Period 4500.00
City Tallahassee	State FL Zip Code 32311	
Purpose of Disbursement Invoice #M773	Candidate Name	Transaction ID : SB17.4988
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5789.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 67	
	<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)  
**Dr. Chad Mathis for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Ten Key Strategies</b>		M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address P.O. Box 1557		Amount of Each Disbursement this Period	
City Helena State MT Zip Code 59624		5835.00	
Purpose of Disbursement Telephone system		Transaction ID : SB17.4992	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. US Postmaster</b>		M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 2960 Pelham Pkwy.		Amount of Each Disbursement this Period	
City Pelham State AL Zip Code 35124-1709		196.00	
Purpose of Disbursement Stamps		Transaction ID : SB17.4996	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6031.00
<b>TOTAL</b> This Period (last page this line number only).....	170503.50

**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/10.4779**

**Dr. Chad Mathis for Congress**

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

**[PERSONAL FUNDS]**

Election: 2014

**Dr. Chad Mathis**

Primary

General

Other (specify) ▼

Mailing Address

PO Box 1641  
2960 Pelham Pkwy

City

State

ZIP Code

Pelham

AL

35124-5641

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M 12 / D 30 / Y 2013

Date Due

M / D / Y none

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)..... ▶

100000.00

**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/10.6868**

**Dr. Chad Mathis for Congress**

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

**[PERSONAL FUNDS]**

Election: 2014

**Dr. Chad Mathis**

Primary

General

Other (specify) ▼

Mailing Address

5302 Mountain Park Dr.

City

State

ZIP Code

Indian Springs

AL

35124

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

none

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**

NAME OF COMMITTEE (In Full) **Dr. Chad Mathis for Congress** Transaction ID : **SC/10.6899**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Dr. Chad Mathis</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 1641 2960 Pelham Pkwy		

City	State	ZIP Code	<b>[MEMO ITEM]</b>
Pelham	AL	35124-5641	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17842.56	0.00	17842.56

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y 10 / 15 / 2014	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>TOTALS</b> This Period (last page in this line only).....	110000.00
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	