

# 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  
Euille for Congress

ADDRESS (number and street) P.O. Box 25048  
 Check if different than previously reported. (ACC) Alexandria VA 22313

2. **FEC IDENTIFICATION NUMBER** ▼ C00556167 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ VA STATE ▲ 08 ZIP CODE ▲

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 06 / 10 / 2014 in the State of VA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period 04 / 01 / 2014 through 05 / 21 / 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 Lynnwood Campbell  
Signature of Treasurer Lynnwood Campbell [Electronically Filed] Date 05 / 29 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Euille for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	99737.24	314309.21
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	99737.24	314309.21
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	254842.14	295905.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	254842.14	295905.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	18404.21	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**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

**Euille 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).....	87131.24	284373.24
(ii) Unitemized.....	12606.00	26785.97
(iii) TOTAL of contributions from individuals ▶	99737.24	311159.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2650.00
(d) The Candidate.....	0.00	500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	99737.24	314309.21
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	99737.24	314309.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	254842.14	295905.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	254842.14	295905.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	173509.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	99737.24
25. SUBTOTAL (add Line 23 and Line 24).....	273246.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	254842.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18404.21

**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 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Phillip Acosta**

Mailing Address 6036 Lincolnia Rd

City Alexandria State VA Zip Code 22312-2736

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

Name of Employer GuROO Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ3XCPJAA5**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

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  
 04 / 28 / 2014

**Transaction ID : VNJ3XCNWMK4**

Amount of Each Receipt this Period  
 57.63

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

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  
 05 / 02 / 2014

**Transaction ID : VNJ3XCPEW04**

Amount of Each Receipt this Period  
 19.21

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

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

576.84

**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 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Act Blue**

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **432.22**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VNJ3XCQ9VR4**

Amount of Each Receipt this Period  
**355.38**

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **480.24**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : VNJ3XCQXTV2**

Amount of Each Receipt this Period  
**48.02**

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

Mailing Address 50 S Pickett St Ste 207

City Alexandria State VA Zip Code 22304-7206

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

Name of Employer Occupation  
 Apex Communications Corp President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : VNJ3XCMM1A9**

Amount of Each Receipt this Period  
**250.00**

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

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

**653.40**

**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 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Neil Albert**

Mailing Address 1358 Locust Rd NW

City Washington State DC Zip Code 20012-1319

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

Name of Employer Holland and Knight, LLP Occupation Senior Policy Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCMMXT2**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1357 Lincoln Ave Apt C

City San Rafael State CA Zip Code 94901-2131

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

Name of Employer Farella Braun Martel Occupation Law firm

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCPH9B1**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 222 E Del Ray Ave

City Alexandria State VA Zip Code 22301-1326

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

Name of Employer Rapiscan Systems Inc. Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : VNJ3XCQ7TP0**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 101
	<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)  
**Euille for Congress**

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

Mailing Address 1400 Trinity Dr

City State Zip Code  
Alexandria VA 22314-4728

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

Name of Employer Occupation  
Axiom Resource Management Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 22 / 2014

**Transaction ID : VNJ3XCNJ994**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 820 Cameron St

City State Zip Code  
Alexandria VA 22314-2410

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

Name of Employer Occupation  
Federal Professional Solutions Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : VNJ3XCCK42**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1320 N Pegram St

City State Zip Code  
Alexandria VA 22304-1932

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : VNJ3XCQTFP4**

Amount of Each Receipt this Period  
1000.00

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

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

1800.00



**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 101
	<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)  
**Euille for Congress**

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

Mailing Address 205 Locust Ln

City State Zip Code  
Alexandria VA 22302-4211

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

Name of Employer Occupation  
McEearney Associates/Sister Cities Co Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2014

**Transaction ID : VNJ3XCN93K8**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 120 Madison Pl

City State Zip Code  
Alexandria VA 22314-1760

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2014

**Transaction ID : VNJ3XCNEN56**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 2185

City State Zip Code  
Alexandria VA 22301-0101

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  
700.00

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

**Transaction ID : VNJ3XCMSJD7**

Amount of Each Receipt this Period  
200.00

**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 10 OF 101
	<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)  
**Euille for Congress**

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

Mailing Address 308 Hume Ave

City Alexandria State VA Zip Code 22301-1019

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

Name of Employer Majestic Grill, Inc.. Occupation Restaurateur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCM9950**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1227 Roundhouse Ln

City Alexandria State VA Zip Code 22314-5909

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

Name of Employer LOCKHEED MARTIN Occupation LOBBYIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCRGV9**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 525 N Pitt St

City Alexandria State VA Zip Code 22314-2338

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

Name of Employer BearDen Solutions LLC Occupation BearDen Solutions LLC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 10 / 2014

**Transaction ID : VNJ3XCQ8DM4**

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 11 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Abed Benzina**

Mailing Address 203 Yoakum Pkwy  
Apt 1011

City Alexandria State VA Zip Code 22304-3728

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

Name of Employer SK&I Architects Occupation Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : VNJ3XCQS0M0**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7018 Marguerite Ct  
Apt 102

City Annandale State VA Zip Code 22003-1850

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

Name of Employer The Art League Occupation Executive Director | Arts Non-profit

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : VNJ3XCN9BA2**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7018 Marguerite Ct  
Apt 102

City Annandale State VA Zip Code 22003-1850

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

Name of Employer The Art League Occupation Executive Director | Arts Non-profit

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCQTFE3**

Amount of Each Receipt this Period  
250.00

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

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

750.00

**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 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Blackburn**

Mailing Address 211 E Raymond Ave  
Apt 1

City Alexandria State VA Zip Code 22301-1001

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

Name of Employer: Pork Barrel BBQ Occupation: Restaurateur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 15 / 2014

**Transaction ID : VNJ3XCQTZD7**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 515 Oglethorpe St NE

City Washington State DC Zip Code 20011-1603

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

Name of Employer: DC Councilmember Occupation: Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 15 / 2014

**Transaction ID : VNJ3XCQTHG2**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 609 King St

City Alexandria State VA Zip Code 22314-3105

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

Name of Employer: King's Jewelry Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 04 / 03 / 2014

**Transaction ID : VNJ3XCHP640**

Amount of Each Receipt this Period: 300.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Beau Brincefield**

Mailing Address 501 Slaters Ln  
Apt 1023

City Alexandria State VA Zip Code 22314-1119

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCPQQK3**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1400 S Joyce St  
Apt 1532

City Arlington State VA Zip Code 22202-1859

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

Name of Employer Information Requested Occupation Information Requested  
GEMINI GLOBAL CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2014

**Transaction ID : VNJ3XCPVY33**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1050 17th St NW  
Ste 510

City Washington State DC Zip Code 20036-5558

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : VNJ3XCQQJ10**

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 14 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ronal Butler**

Mailing Address 6403 Gayfields Rd  
Ste 205

City Alexandria State VA Zip Code 22315-3661

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

Name of Employer Networking & Engineering Technologies, Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2014

**Transaction ID : VNJ3XCMS039**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 8203 Collingwood Ct

City Alexandria State VA Zip Code 22308-1600

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

Name of Employer Alexandria City Public Schools, Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCN0AH6**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2241 48th St NW

City Washington State DC Zip Code 20007-1036

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

Name of Employer McCaffery Interests, Inc., Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : VNJ3XCQ9AQ9**

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 15 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Juan Cameron**

Mailing Address 2241 48th St NW

City Washington State DC Zip Code 20007-1036

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

Name of Employer McCaffery Interests, Inc. Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VNJ3XCQBD19**

Amount of Each Receipt this Period  
700.00

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

Mailing Address 426 N Columbus St

City Alexandria State VA Zip Code 22314-2214

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

Name of Employer Cromley Development Occupation Real Estate Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : VNJ3XCN9BE4**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Edmund D. Cronin Jr.**

Mailing Address 1825 Biltmore St NW

City Washington State DC Zip Code 20009-1903

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

Name of Employer Washington Real Estate Investment Fund Occupation President, CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : VNJ3XCNDK38**

Amount of Each Receipt this Period  
2600.00

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

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

3550.00

**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 101
	<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)  
**Euille for Congress**

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

Mailing Address 220 Boylston St  
Apt 1104

City Boston State MA Zip Code 02116-3949

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

Name of Employer Nelson Mullins Occupation Partner and Co-Chair of Government Rel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCP2KD3**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2710 Hickory St

City Alexandria State VA Zip Code 22305-2509

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

Name of Employer Dominion Dental Services Inc Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : VNJ3XCNTSH5**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Gwendolyn Day-Fuller**

Mailing Address 4017 Fort Worth Ave

City Alexandria State VA Zip Code 22304-1712

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

Name of Employer Information Requested 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  
 04 / 25 / 2014

**Transaction ID : VNJ3XCNRCE6**

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 17 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Windsor W Demaine III**

Mailing Address **8 Wolfe St**

City **Alexandria** State **VA** Zip Code **22314-3861**

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

Name of Employer Information Requested **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

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

**Transaction ID : VNJ3XCMWBE3**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address **2001 Coleridge Ln**

City **Crownsville** State **MD** Zip Code **21032-2301**

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

Name of Employer Information Requested **Executive**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : VNJ3XCQ7HQ8**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **2724 Kenwood Ave**

City **Alexandria** State **VA** Zip Code **22302-3023**

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

Name of Employer Information Requested **Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : VNJ3XCQTJH3**

Amount of Each Receipt this Period  
**250.00**

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

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

**3750.00**

**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 101
	<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)  
**Euille for Congress**

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

Mailing Address 3035 Oliver St NW

City Washington State DC Zip Code 20015-1111

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

Name of Employer Self Veolia Occupation Executive

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  
 05 / 05 / 2014

**Transaction ID : VNJ3XCPMB7**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2700 S Quincy St

City Arlington State VA Zip Code 22206-2242

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

Name of Employer Bonaventure Realty Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : VNJ3XCH6QV2**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 909 N Washington St

City Alexandria State VA Zip Code 22314-5510

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

Name of Employer Armed Forces Benefit Association Occupation Senior Vice President

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  
 04 / 18 / 2014

**Transaction ID : VNJ3XCNAV52**

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 19 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rick Endres**

Mailing Address 30 S Quaker Ln

City State Zip Code  
Alexandria VA 22314-4596

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

Name of Employer Occupation  
The Washington Network, Inc. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCWWD5**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8106 Guinevere Dr

City State Zip Code  
Annandale VA 22003-1344

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

Name of Employer Occupation  
Thompson Hospitality Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 18 / 2014

**Transaction ID : VNJ3XCNAMN7**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1301 King St

City State Zip Code  
Alexandria VA 22314-2928

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

Name of Employer Occupation  
Pacers Retail

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : VNJ3XCQTKR9**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 20 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jan Forsythe**

Mailing Address 115 Princess St

City State Zip Code  
Alexandria VA 22314-2341

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

Name of Employer Occupation  
George Washington University Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCMWB60**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5325 W Boniwood Turn

City State Zip Code  
Clinton MD 20735-4160

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

Name of Employer Occupation  
Washington Gas 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 Y Y  
 04 / 07 / 2014

**Transaction ID : VNJ3XCKDC62**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 302 Princeton Blvd

City State Zip Code  
Alexandria VA 22314-4716

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : VNJ3XCN90P5**

Amount of Each Receipt this Period  
250.00

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

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

750.00

**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 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Louis V Genuario Jr**

Mailing Address 8205 Mack St

City State Zip Code  
Alexandria VA 22308-1653

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

Name of Employer Occupation Information Requested  
Information Requested

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  
 04 / 30 / 2014

**Transaction ID : VNJ3XCP5KE4**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 8400 Radford Ave

City State Zip Code  
Alexandria VA 22309-2584

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

Name of Employer Occupation Information Requested  
Genuario Companies Builder / Developers

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  
 04 / 17 / 2014

**Transaction ID : VNJ3XCP5JX0**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 15269 Eagle Tavern Way

City State Zip Code  
Centreville VA 20120-3903

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

Name of Employer Occupation Information Requested  
FCPS Educator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : VNJ3XCN90Z6**

Amount of Each Receipt this Period  
100.00

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

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

1100.00

**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 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Gilmartin**

Mailing Address 2102 Rossiter Pl

City Alexandria State VA Zip Code 22308-1444

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

Name of Employer Olympia Moving & Storage Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCQV559**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1111 Francis Hammond Pkwy

City Alexandria State VA Zip Code 22302-3404

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

Name of Employer MLK Memorial Planning Committee Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCM5P30**

Amount of Each Receipt this Period  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCRCFT8**

Amount of Each Receipt this Period  
250.00

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

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

750.00

**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 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Janet W Green**

Mailing Address 503 Robinson Ct

City State Zip Code  
Alexandria VA 22302-4022

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  
 05 / 16 / 2014

**Transaction ID : VNJ3XCQY1B1**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2813 Davis Ave

City State Zip Code  
Alexandria VA 22302-2508

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

Name of Employer Occupation  
CEM Management Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : VNJ3XCQ1045**

Amount of Each Receipt this Period  
200.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCR2TV1**

Amount of Each Receipt this Period  
250.00

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

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

700.00

**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 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Artis Hampshire-Cowan**

Mailing Address 3306 Shortridge Ln

City Mitchellville State MD Zip Code 20721-2576

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ3XCNP33**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 12020 Edgepark Ct Ste 711

City Potomac State MD Zip Code 20854-2138

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

Name of Employer Information Requested Occupation Information Requested

LCOR Incorporated Real estate investment

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCQT1Y9**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2251 Wentz Ln

City Schwenksville State PA Zip Code 19473-2415

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : VNJ3XCNP33**

Amount of Each Receipt this Period  
 500.00

**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: PAGE 25 OF 101  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

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

Mailing Address 14508 Saint Gregory Way

City State Zip Code  
Accokeek MD 20607-2928

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

Name of Employer Occupation  
Doctor's Weight Loss Centers Health / Medicine

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : VNJ3XCM96J6**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7303 Quartz Ter

City State Zip Code  
Bowie MD 20720-4318

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

Name of Employer Occupation  
MNCPPC Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

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

**Transaction ID : VNJ3XCNMHD7**

Amount of Each Receipt this Period  
350.00

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

Mailing Address 7 E Farms Rd

City State Zip Code  
Middlebury CT 06762-1434

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

Name of Employer Occupation  
Quinnipiac University Vice Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : VNJ3XCPQGD2**

Amount of Each Receipt this Period  
2500.00

**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 26 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fay L Hobbs-Carter**

Mailing Address 11 S Edison St

City State Zip Code  
Arlington VA 22204-1101

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCR2VQ2**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2000 Summit Ter

City State Zip Code  
Alexandria VA 22307-1147

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

Name of Employer Occupation Information Requested  
Wells Fargo Insurance sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : VNJ3XCQVP6**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 415 E Timber Branch Pkwy

City State Zip Code  
Alexandria VA 22302-4224

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

Name of Employer Occupation Information Requested  
Jones Lang LaSalle Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCQTKA8**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dave Jannarone**

Mailing Address 3715 Kansas Ave NW

City Washington State DC Zip Code 20010-1429

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCQTGC8**

Amount of Each Receipt this Period  
2100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : VNJ3XCR6WH8**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1842 Vermont Ave NW Apt B1

City Washington State DC Zip Code 20001-5006

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : VNJ3XCRCFQ4**

Amount of Each Receipt this Period  
2600.00

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

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

4950.00

**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 101
	<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)  
**Euille for Congress**

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

Mailing Address 3508 Halcyon Dr

City State Zip Code  
Alexandria VA 22305-1330

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : VNJ3XCHP6F5**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 10187 Red Spruce Rd

City State Zip Code  
Fairfax VA 22032-3620

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

Name of Employer Occupation  
Simpson Properties Ltd President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : VNJ3XCQV8X2**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7738 Heritage Woods Way  
Suite 700

City State Zip Code  
Annandale VA 22003-4700

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

Name of Employer Occupation  
Rees Broome PC attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 10 / 2014

**Transaction ID : VNJ3XCQ83N1**

Amount of Each Receipt this Period  
250.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Spencer Kimball**

Mailing Address 9010 Charles Augustine Dr

City State Zip Code  
Alexandria VA 22308-2822

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

Name of Employer Occupation  
Alexandria Yellow Cab, Inc President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : VNJ3XCR7984**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 607 Oronoco St

City State Zip Code  
Alexandria VA 22314-2307

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

Name of Employer Occupation  
X-10 Capital Management, LLC Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : VNJ3XCN60C4**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 607 Oronoco St

City State Zip Code  
Alexandria VA 22314-2307

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

Name of Employer Occupation  
X-10 Capital Management, LLC Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCQVNN7**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 101
	<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)  
**Euille for Congress**

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

Mailing Address 231 E Spring St

City State Zip Code  
Alexandria VA 22301-2149

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

Name of Employer Occupation  
Larson Koenig Architects Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : VNJ3XCPXB39**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 575 Middlesex Rd

City State Zip Code  
Darien CT 06820-2528

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : VNJ3XCQQHV5**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6403 Gayfields Rd

City State Zip Code  
Alexandria VA 22315-3661

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

Name of Employer Occupation  
N.E.T. President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : VNJ3XCMS8G9**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 101
	<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)  
**Euille for Congress**

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

Mailing Address 2606 Davis Ave

City: Alexandria State: VA Zip Code: 22302-2815

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

Name of Employer: Capitol Strategies Occupation: Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 100.00

Date of Receipt: 04 / 28 / 2014

**Transaction ID : VNJ3XCNWPX6**

Amount of Each Receipt this Period: 100.00

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

Mailing Address 2606 Davis Ave

City: Alexandria State: VA Zip Code: 22302-2815

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

Name of Employer: Capitol Strategies Occupation: Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 05 / 14 / 2014

**Transaction ID : VNJ3XCQJ78**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 919 Lake Front Dr

City: Mitchellville State: MD Zip Code: 20721-2952

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

Name of Employer: FAA Occupation: Federal Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 17 / 2014

**Transaction ID : VNJ3XCN9001**

Amount of Each Receipt this Period: 250.00

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

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

600.00

**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 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jody Manor**

Mailing Address 103 N Alfred St

City	State	Zip Code
Alexandria	VA	22314-3010

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

Name of Employer	Occupation
Serendipitous, Inc.	CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : VNJ3XCPXJZ4**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3737 Seminary Rd

City	State	Zip Code
Alexandria	VA	22304-5202

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

Name of Employer	Occupation
Virginia Theological Seminary	Dean and President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : VNJ3XCNSNV6**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 7655 Shuttington Dr

City	State	Zip Code
Alexandria	VA	22315-3663

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

Name of Employer	Occupation
Retired	Business Development Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCMKYX0**

Amount of Each Receipt this Period  
250.00

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

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

1500.00



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

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

FOR LINE NUMBER: PAGE 33 OF 101  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rae Martel**

Mailing Address 7655 Shuttington Dr

City State Zip Code  
Alexandria VA 22315-3663

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

Name of Employer Occupation  
Retired Business Development Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : VNJ3XCR6XG3**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 6925 Quander Rd

City State Zip Code  
Alexandria VA 22307-1657

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

Name of Employer Occupation  
Goldworks USA Goldsmith

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

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

**Transaction ID : VNJ3XCNPWG8**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 6925 Quander Rd

City State Zip Code  
Alexandria VA 22307-1657

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

Name of Employer Occupation  
Goldworks USA Goldsmith

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : VNJ3XCQTCB2**

Amount of Each Receipt this Period  
**250.00**

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Fred Martin**

Mailing Address 1001 Hardee PI

City Alexandria State VA Zip Code 22304-1719

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

Name of Employer Retired Occupation Economist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : VNJ3XCN9687**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 28 Bonnie Way

City Larchmont State NY Zip Code 10538-1019

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ3XCP1V65**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 200 S Pickett St

City Alexandria State VA Zip Code 22304-4702

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

Name of Employer MB of Alexandria Occupation Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ3XCP19C5**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 101
	<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)  
**Euille for Congress**

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

Mailing Address 11101 Chessington Pl

City	State	Zip Code
Reston	VA	20194-1457

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

Name of Employer	Occupation
National League of Cities	Vice President & Treasurer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 18 / 2014

**Transaction ID : VNJ3XCNBA65**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 109 S Pitt St

City	State	Zip Code
Alexandria	VA	22314-3111

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

Name of Employer	Occupation
McEneaney Associates	Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : VNJ3XCPRBN2**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 107 Ridge Rd

City	State	Zip Code
Greenbelt	MD	20770-1665

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

Name of Employer	Occupation
Joseph Smith Sales	Investment banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : VNJ3XCN90Y8**

Amount of Each Receipt this Period  
1000.00

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

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

4600.00

**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 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Shawn McLaughlin**

Mailing Address 1421 Prince St  
Ste 200

City Alexandria State VA Zip Code 22314-2805

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

Name of Employer McLaughlin Ryder Investments Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCQTF77**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 55 Arbor Oaks Dr

City Sarasota State FL Zip Code 34232-1754

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

Name of Employer Symtech Corporation Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : VNJ3XCMWBQ4**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 2702 King St

City Alexandria State VA Zip Code 22302-4009

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

Name of Employer United Way Worldwide Occupation finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **201.97**

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

**Transaction ID : VNJ3XCMSH43**

Amount of Each Receipt this Period  
**100.00**

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

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

**1100.00**

**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 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Miller**

Mailing Address 702 S Union St

City State Zip Code  
Alexandria VA 22314-3854

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

Name of Employer Occupation  
TTR Sotheby's Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : VNJ3XCR2VF9**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6706 Lupine Ln

City State Zip Code  
McLean VA 22101-1577

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

Name of Employer Occupation  
Murphy's Irish Pub Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : VNJ3XCR78T6**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 7852 Montvale Way

City State Zip Code  
Mc Lean VA 22102-2028

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

Name of Employer Occupation  
Sterling BMW Auto Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCPJHY7**

Amount of Each Receipt this Period  
500.00

**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 38 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kerry D Muldrow**

Mailing Address 1308 Mickey Way

City Houston State TX Zip Code 77055-6520

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

Name of Employer Information Requested  
City Interests LLC

Occupation Information Requested  
Real Estate Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCPJHD4**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3129 N St NW

City Washington State DC Zip Code 20007-3420

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

Name of Employer Information Requested  
City Interests LLC

Occupation Information Requested  
Real Estate Development

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  
 04 / 15 / 2014

**Transaction ID : VNJ3XCN3F96**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1919 Pennsylvania Ave NW

City Washington State DC Zip Code 20006-3400

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

Name of Employer Information Requested  
Saul Ewing LLP

Occupation Information Requested  
Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCQV9R5**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas H Palmer**

Mailing Address 1970 US Highway 1  
Apt 100

City Lawrenceville State NJ Zip Code 08648-4667

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

Name of Employer Douglas H. Palmer & Associates, LLC Occupation DHP & Associates LLC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : VNJ3XCM9KH5**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Roadside Development LLC Occupation Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCRCH24**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 408 Jackson PI

City Alexandria State VA Zip Code 22302-3304

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCQTFD5**

Amount of Each Receipt this Period  
250.00

**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 40 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William T Platt Jr**

Mailing Address **2 Canterbury Way**

City **North Haven** State **CT** Zip Code **06473-1017**

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

Name of Employer **Deloitte & Touche LLP** Occupation **CPA - Professional Services**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

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

**Transaction ID : VNJ3XCPB5F9**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **7788 Southamptonshire Way**

City **New Kent** State **VA** Zip Code **23124-2873**

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

Name of Employer **Mark A. Plostock, Cpa, P.c.** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

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

**Transaction ID : VNJ3XCP2JS5**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **205 The Strand**

City **Alexandria** State **VA** Zip Code **22314-3319**

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

Name of Employer **Potomac Riverboat Co.** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : VNJ3XCR2VJ3**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bob Polite**

Mailing Address 4005 Mavis Ct

City Alexandria State VA Zip Code 22309-2914

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCP1RX0**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 108 N Alfred St

City Alexandria State VA Zip Code 22314-3032

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

Name of Employer Information Requested Occupation Information Requested  
King, Campbell & Poretz, PLLC Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : VNJ3XCR4FX9**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 604

City McLean State VA Zip Code 22101-0604

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2502.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VNJ3XCQB5M1**

Amount of Each Receipt this Period  
2001.00

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

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

2751.00

**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 42 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Igor Rapinski**

Mailing Address 9856 Gallows Road

City Falls Church State VA Zip Code 22042

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : VNJ3XCR3B38**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation Information Requested  
Total Environmental Concepts, Inc. Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCRCH40**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 612 Walker Hill Ln

City Great Falls State VA Zip Code 22066-3901

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

Name of Employer Information Requested Occupation Information Requested  
Alexandria Hyundai Auto Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCNF0F7**

Amount of Each Receipt this Period  
500.00

**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 43 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Reiter**

Mailing Address 8728 Higdon Dr

City Vienna State VA Zip Code 22182-2311

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

Name of Employer **BB&T** Occupation **Senior VP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : VNJ3XCN6RT5**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 1321 Cameron St

City Alexandria State VA Zip Code 22314-2401

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

Name of Employer **Think Fun** Occupation **Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : VNJ3XCQ9WA6**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 5900 16th St NW

City Washington State DC Zip Code 20011-2862

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : VNJ3XCPJEX2**

Amount of Each Receipt this Period  
**250.00**

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

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

**750.00**

**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 44 OF 101
	<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)  
**Euille for Congress**

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

Mailing Address **PO Box 251**

City **Newport News** State **VA** Zip Code **23607-0251**

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

Name of Employer **Scott for Congress** Occupation **Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : VNJ3XCN93F6**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **324 N Patrick St**

City **Alexandria** State **VA** Zip Code **22314-2443**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : VNJ3XCQTJ58**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **11812 Forum Hill Ct**

City **Potomac** State **MD** Zip Code **20854-6416**

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

Name of Employer **Shapiro & Duncan, Inc.** Occupation **Mechanical Contractor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 18 / 2014**

**Transaction ID : VNJ3XCNAEV1**

Amount of Each Receipt this Period  
**2000.00**

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

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

**3000.00**

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

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

FOR LINE NUMBER: PAGE 45 OF 101  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

NAME OF COMMITTEE (In Full)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sheldon Shapiro**

Mailing Address 2001 N Ocean Blvd  
Apt 1606

City Fort Lauderdale State FL Zip Code 33305-3769

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

Name of Employer Shapiro & Duncan, Inc. Occupation Contractor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 18 / 2014

**Transaction ID : VNJ3XCNAEQ0**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 221 S Pitt St

City Alexandria State VA Zip Code 22314-3741

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

Name of Employer fishbowl, inc Occupation ceo

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  
 04 / 25 / 2014

**Transaction ID : VNJ3XCNR4H3**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 619 Oakland Ter

City Alexandria State VA Zip Code 22302-4114

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

Name of Employer Information Requested Occupation Information Requested

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  
 04 / 17 / 2014

**Transaction ID : VNJ3XCNENC1**

Amount of Each Receipt this Period  
1000.00

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

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

3250.00

**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 46 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lauren Stack**

Mailing Address 210 Duke St

City State Zip Code  
Alexandria VA 22314-3806

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNJ3XCQTEJ1**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**J Gordon Stephens Jr**

Mailing Address 4700 38th PI N

City State Zip Code  
Arlington VA 22207-2915

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

Name of Employer Information Requested Occupation Information Requested  
Attorney & Government Relations Course

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : VNJ3XCNWMD6**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 900 N Harrison St

City State Zip Code  
Arlington VA 22205-1223

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCP2K50**

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 47 OF 101
	<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)  
**Euille for Congress**

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

Mailing Address 825 Rivergate Pl

City State Zip Code  
Alexandria VA 22314-1759

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

Name of Employer Occupation  
Retired Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2014

**Transaction ID : VNJ3XCNETJ8**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5091 Wolf Run Shoals Rd

City State Zip Code  
Woodbridge VA 22192-5766

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCP1V09**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8 N Pond Rd

City State Zip Code  
Cheshire CT 06410-1246

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : VNJ3XCP1SX3**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Totten**

Mailing Address 7007 Fieldhurst Ct

City State Zip Code  
Alexandria VA 22315-5632

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

Name of Employer Occupation  
Alumni Board of Governors President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2014

**Transaction ID : VNJ3XCPTES3**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1105 Roan Ln

City State Zip Code  
Alexandria VA 22302-3419

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : VNJ3XCQTEW0**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 310 Wolfe St

City State Zip Code  
Alexandria VA 22314-3726

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2014

**Transaction ID : VNJ3XCPXMM3**

Amount of Each Receipt this Period  
250.00

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

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

1500.00



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

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

FOR LINE NUMBER: PAGE 49 OF 101  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Maria Wagner**

Mailing Address 1420 Whittier St NW

City Washington State DC Zip Code 20012-2840

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ3XCPJER3**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 307 Yoakum Pkwy Apt 905

City Alexandria State VA Zip Code 22304-4023

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

Name of Employer Landmark Honda Occupation General Manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 18 / 2014

**Transaction ID : VNJ3XCNB9B2**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 520 John Carlyle St Unit 209

City Alexandria State VA Zip Code 22314-6805

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

Name of Employer Alexandria Convention & Visitors Assoc Occupation Tourism Marketing Executive

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ3XCNDKW5**

Amount of Each Receipt this Period  
 250.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wellington Watts**

Mailing Address 6913 Mary Caroline Cir  
Unit F

City Alexandria State VA Zip Code 22310-4922

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

Name of Employer Alexandria Colonial Tours Occupation tourism

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : VNJ3XCQRM56**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2 Lost Pond Ln

City North Salem State NY Zip Code 10560-2404

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

Name of Employer Quinnipiac University Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : VNJ3XCN4560**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2 Lost Pond Ln

City North Salem State NY Zip Code 10560-2404

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

Name of Employer Quinnipiac University Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : VNJ3XCP2JY5**

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 51 OF 101
	<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)  
**Euille for Congress**

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

Mailing Address 400 Madison St  
Apt 1710

City Alexandria State VA Zip Code 22314-1729

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  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2014

**Transaction ID : VNJ3XCNETR6**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Diamond Transportation Services Occupation President (CEO)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : VNJ3XCQTF57**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1300 I St NW  
Lowr 4

City Washington State DC Zip Code 20005-3314

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

Name of Employer Verizon Occupation Vice President, State & Local Governme

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2014

**Transaction ID : VNJ3XCQZW6**

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 52 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dennis A Whitestone**

Mailing Address 8624 Reseca Ln

City Springfield State VA Zip Code 22152-1458

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : VNJ3XCNEMS1**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1435 Floral St NW

City Washington State DC Zip Code 20012-1513

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VNJ3XCPJF71**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 145 Fleet St Ste 172

City Oxon Hill State MD Zip Code 20745-1548

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

Name of Employer Information Requested Occupation Information Requested  
House of JonLei Atelier Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : VNJ3XCMSGH3**

Amount of Each Receipt this Period  
300.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 101
	<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)  
**Euille for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Warren C Williams Jr**

Mailing Address 5335 Wisconsin Ave NW  
Ste 440

City Washington State DC Zip Code 20015-2079

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : VNJ3XCRCFS0**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation Information Requested  
Dandy Restaurant Cruise Ships President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : VNJ3XCQB5Y0**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Matilda Yeboah-Fofie**

Mailing Address 2941 Fairfax Drive

City Falls Church State VA Zip Code 22042

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ3XCKWRZ3**

Amount of Each Receipt this Period  
500.00

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

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

4100.00

87131.24

**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 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Margaret Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1400 Doewood Ln		Amount of Each Disbursement this Period 130.00 <b>Transaction ID : VNH4N9SHZV8</b>
City Capitol Heights	State MD Zip Code 20743-1018	
Purpose of Disbursement Payroll	Category/Type 003	
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. Margaret Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1400 Doewood Ln		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : VNH4N9SJ1D3</b>
City Capitol Heights	State MD Zip Code 20743-1018	
Purpose of Disbursement Payroll	Category/Type 003	
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. Alexandria Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 618 N Washington St		Amount of Each Disbursement this Period 580.00 <b>Transaction ID : VNH4N9SJA41</b>
City Alexandria	State VA Zip Code 22314-1914	
Purpose of Disbursement Event Tickets	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).....	850.00
<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 55 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alexandria Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 618 N Washington St			Amount of Each Disbursement this Period 480.00 <b>Transaction ID : VNH4N9SJA59</b>
City Alexandria	State VA	Zip Code 22314-1914	
Purpose of Disbursement Event Tickets		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. Alexandria Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 618 N Washington St			Amount of Each Disbursement this Period 480.00 <b>Transaction ID : VNH4N9SJA67</b>
City Alexandria	State VA	Zip Code 22314-1914	
Purpose of Disbursement Event Tickets		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. Alexandria Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 618 N Washington St			Amount of Each Disbursement this Period 480.00 <b>Transaction ID : VNH4N9SJA75</b>
City Alexandria	State VA	Zip Code 22314-1914	
Purpose of Disbursement Event Tickets		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).....	1440.00
<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 56 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alexandria Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 618 N Washington St			Amount of Each Disbursement this Period 480.00 <b>Transaction ID : VNH4N9SJA83</b>
City Alexandria	State VA	Zip Code 22314-1914	
Purpose of Disbursement Event Tickets		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. Alexandria Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 618 N Washington St			Amount of Each Disbursement this Period 45.00 <b>Transaction ID : VNH4N9SJ863</b>
City Alexandria	State VA	Zip Code 22314-1914	
Purpose of Disbursement Event Tickets		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. Alexandria Democratic Committee</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 618 N Washington St			Amount of Each Disbursement this Period 45.00 <b>Transaction ID : VNH4N9SJ871</b>
City Alexandria	State VA	Zip Code 22314-1914	
Purpose of Disbursement Event Tickets		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).....	570.00
<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 57 OF 101	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alexandria Democratic Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address 618 N Washington St		Amount of Each Disbursement this Period 90.00
City Alexandria	State VA	
Zip Code 22314-1914	Purpose of Disbursement Event Tickets	<b>Transaction ID : VNH4N9SJ889</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. Janet Armstead</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 1261 Old Hickory Rd		Amount of Each Disbursement this Period 650.00
City Memphis	State TN	
Zip Code 38116-4355	Purpose of Disbursement Financial Consultant (Prep campaign budget)	<b>Transaction ID : VNH4N9SJ2K3</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Janet Armstead</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 1261 Old Hickory Rd		Amount of Each Disbursement this Period 500.00
City Memphis	State TN	
Zip Code 38116-4355	Purpose of Disbursement Financial Consultant	<b>Transaction ID : VNH4N9SJ134</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1240.00
<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 58 OF 101			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. DeVon Barnett</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 521 S Columbus St		Amount of Each Disbursement this Period 350.00
City Alexandria	State VA	
Zip Code 22314-4150	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SHW50</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DeVon Barnett</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 521 S Columbus St		Amount of Each Disbursement this Period 500.00
City Alexandria	State VA	
Zip Code 22314-4150	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SHYC9</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 3401 Jefferson Davis Hwy		Amount of Each Disbursement this Period 1018.65
City Alexandria	State VA	
Zip Code 22305-3114	Purpose of Disbursement Office Equipment	<b>Transaction ID : VNH4N9SJ855</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).....	1868.65
<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 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lisa Brewer</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 7278 Linden Tree Ln		Amount of Each Disbursement this Period 294.00
City Springfield	State VA	
Zip Code 22152-3544	Purpose of Disbursement Travel Reimbursement	<b>Transaction ID : VNH4N9SHWH2</b>
Candidate Name	Category/ Type 002	
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. Lisa Brewer</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 7278 Linden Tree Ln		Amount of Each Disbursement this Period 521.93
City Springfield	State VA	
Zip Code 22152-3544	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJ8P0</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. Lisa Brewer</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 7278 Linden Tree Ln		Amount of Each Disbursement this Period 820.71
City Springfield	State VA	
Zip Code 22152-3544	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJ8Q7</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).....	1636.64
<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 60 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lisa Brewer</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 7278 Linden Tree Ln		Amount of Each Disbursement this Period 294.00
City Springfield	State VA	
Zip Code 22152-3544	Purpose of Disbursement Travel Reimbursement	<b>Transaction ID : VNH4N9SHYV7</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lisa Brewer</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 7278 Linden Tree Ln		Amount of Each Disbursement this Period 820.71
City Springfield	State VA	
Zip Code 22152-3544	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJ8R5</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. Marrett Ceo</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 17545 Bates Dr		Amount of Each Disbursement this Period 522.15
City Hamilton	State VA	
Zip Code 20158-3429	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJ8K6</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).....	1636.86
<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 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marrett Ceo</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 17545 Bates Dr		Amount of Each Disbursement this Period 838.49 <b>Transaction ID : VNH4N9SJ8M4</b>
City Hamilton	State VA	
Zip Code 20158-3429	Purpose of Disbursement Payroll	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. Marrett Ceo</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 17545 Bates Dr		Amount of Each Disbursement this Period 838.49 <b>Transaction ID : VNH4N9SJ8N2</b>
City Hamilton	State VA	
Zip Code 20158-3429	Purpose of Disbursement Payroll	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. Paul Christianson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 4011 Veazey St NW		Amount of Each Disbursement this Period 521.93 <b>Transaction ID : VNH4N9SJ8C1</b>
City Washington	State DC	
Zip Code 20016-2121	Purpose of Disbursement Payroll	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).....	2198.93
<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 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paul Christianson</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 4011 Veazey St NW			Amount of Each Disbursement this Period 820.71 <b>Transaction ID : VNH4N9SJ8D8</b>
City Washington	State DC	Zip Code 20016-2121	
Purpose of Disbursement Payroll		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. Paul Christianson</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 4011 Veazey St NW			Amount of Each Disbursement this Period 820.71 <b>Transaction ID : VNH4N9SJ8E6</b>
City Washington	State DC	Zip Code 20016-2121	
Purpose of Disbursement Payroll		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. City of Alexandria</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address City Hall			Amount of Each Disbursement this Period 50.00 <b>Transaction ID : VNH4N9SHW83</b>
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement Rental of City Park for Event		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1691.42
<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 101	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. City of Alexandria</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address City Hall		Amount of Each Disbursement this Period 628.00
City Alexandria	State VA	
Purpose of Disbursement City Permit & Park Rental for Event	Zip Code 22314	<b>Transaction ID : VNH4N9SHWC3</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. City of Alexandria</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address City Hall		Amount of Each Disbursement this Period 220.00
City Alexandria	State VA	
Purpose of Disbursement City Event Permit	Zip Code 22314	<b>Transaction ID : VNH4N9SJK90</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. City of Alexandria</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address City Hall		Amount of Each Disbursement this Period 100.00
City Alexandria	State VA	
Purpose of Disbursement Permit for Campaign Road Signs	Zip Code 22314	<b>Transaction ID : VNH4N9SHZP8</b>
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	948.00
<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 64 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tracey Collins</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 1 Luray Ave		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : VNH4N9SHZ64</b>
City Alexandria	State VA	
Zip Code 22207	Purpose of Disbursement Payroll	Category/ Type 003
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. Tracey Collins</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 1 Luray Ave		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : VNH4N9SHZZ9</b>
City Alexandria	State VA	
Zip Code 22207	Purpose of Disbursement Payroll	Category/ Type 003
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. Tracey Collins</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 1 Luray Ave		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : VNH4N9SJ1E1</b>
City Alexandria	State VA	
Zip Code 22207	Purpose of Disbursement Payroll	Category/ Type 003
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).....	210.00
<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 65 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bernard Craighead</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 5515 Little Falls Rd		Amount of Each Disbursement this Period 3000.00
City Arlington	State VA	
Zip Code 22207-1525	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SHWB7</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bernard Craighead</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 5515 Little Falls Rd		Amount of Each Disbursement this Period 3500.00
City Arlington	State VA	
Zip Code 22207-1525	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SHYQ5</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cricket Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 5887 Copley Dr		Amount of Each Disbursement this Period 207.35
City San Diego	State CA	
Zip Code 92111-7906	Purpose of Disbursement Mobile Phones	<b>Transaction ID : VNH4N9SJ839</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).....	6707.35
<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 66 OF 101	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

**A. Cricket Communications**

Full Name (Last, First, Middle Initial)  
Mailing Address 5887 Copley Dr

City San Diego State CA Zip Code 92111-7906

Purpose of Disbursement Mobile Phones

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 21 / 2014

Amount of Each Disbursement this Period: 207.35

Transaction ID : VNH4N9SJ847

**B. Michelle Defreese**

Full Name (Last, First, Middle Initial)  
Mailing Address 5 W Glebe Rd Apt A5

City Alexandria State VA Zip Code 22305-2608

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2014

Amount of Each Disbursement this Period: 2144.87

Transaction ID : VNH4N9SJ8F4

**C. Michelle Defreese**

Full Name (Last, First, Middle Initial)  
Mailing Address 5 W Glebe Rd Apt A5

City Alexandria State VA Zip Code 22305-2608

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 16 / 2014

Amount of Each Disbursement this Period: 1209.45

Transaction ID : VNH4N9SJ8G2

**SUBTOTAL** of Disbursements This Page (optional) ..... 3561.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 101			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michelle Defreese</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 5 W Glebe Rd Apt A5		Amount of Each Disbursement this Period 1209.45 <b>Transaction ID : VNH4N9SJ8H0</b>
City Alexandria	State VA Zip Code 22305-2608	
Purpose of Disbursement Payroll	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. Michelle Defreese</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 5 W Glebe Rd Apt A5		Amount of Each Disbursement this Period 1209.45 <b>Transaction ID : VNH4N9SJ8J8</b>
City Alexandria	State VA Zip Code 22305-2608	
Purpose of Disbursement Payroll	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. Anteneh Demelash</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 4600 Duke St		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : VNH4N9SHY37</b>
City Alexandria	State VA Zip Code 22304-2552	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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).....	2793.90
<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 68 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anteneh Demelash</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 4600 Duke St		Amount of Each Disbursement this Period 375.00
City Alexandria	State VA	
Zip Code 22304-2552	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJ0V1</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dudley Media</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 919 Catharine St		Amount of Each Disbursement this Period 24594.00
City Philadelphia	State PA	
Zip Code 19147-2740	Purpose of Disbursement Cable TV Buy	<b>Transaction ID : VNH4N9SHW26</b>
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dudley Media</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 919 Catharine St		Amount of Each Disbursement this Period 16389.00
City Philadelphia	State PA	
Zip Code 19147-2740	Purpose of Disbursement Cable TV Buy	<b>Transaction ID : VNH4N9SHY45</b>
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	41358.00
<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 69 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dudley Media</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 919 Catharine St		Amount of Each Disbursement this Period 8000.00
City Philadelphia	State PA	
Zip Code 19147-2740	Purpose of Disbursement Radio Campaign Advertisement	<b>Transaction ID : VNH4N9SJ2J5</b>
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Elite Prints</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 8121 Richmond Hwy		Amount of Each Disbursement this Period 249.00
City Alexandria	State VA	
Zip Code 22309-3613	Purpose of Disbursement Printing (Fundraising)	<b>Transaction ID : VNH4N9SJ822</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. Daphne Essex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 19 N Trenton St		Amount of Each Disbursement this Period 105.00
City Arlington	State VA	
Zip Code 22203-2968	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SHZ72</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8354.00
<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 70 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Daphne Essex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 19 N Trenton St		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : VNH4N9SJ023</b>
City Arlington	State VA	
Purpose of Disbursement Payroll		Category/ Type 003
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. Daphne Essex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 19 N Trenton St		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : VNH4N9SJ2A2</b>
City Arlington	State VA	
Purpose of Disbursement Payroll		Category/ Type 003
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. William Euille</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 62 Fayette Street #101		Amount of Each Disbursement this Period 289.05 <b>Transaction ID : VNH4N9SJ2G9</b>
City Alexandria	State VA	
Purpose of Disbursement Travel Reimbursement		Category/ Type 001
Candidate Name <b>William Euille</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	474.05
<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 71 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fairfax County Democrats</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2815 Hartland Rd		Amount of Each Disbursement this Period 850.00 <b>Transaction ID : VNH4N9SJK82</b>
City Falls Church	State VA	
Zip Code 22043-3548	Purpose of Disbursement Advertising	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. Fairfax Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 2815 Hartland Rd # 111		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : VNH4N9SHY61</b>
City Falls Church	State VA	
Zip Code 22043-3548	Purpose of Disbursement Event Tickets	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Fairfax Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 2815 Hartland Rd # 111		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : VNH4N9SJZ8</b>
City Falls Church	State VA	
Zip Code 22043-3548	Purpose of Disbursement Event Tickets	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).....	1700.00
<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 72 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fairfax Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 2815 Hartland Rd # 111		Amount of Each Disbursement this Period 110.00
City Falls Church	State VA Zip Code 22043-3548	
Purpose of Disbursement Event Tickets	Category/Type	<b>Transaction ID : VNH4N9SJ806</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 234.03
City Atlanta	State GA Zip Code 30342-1651	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	<b>Transaction ID : VNH4N9SJ7T8</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 210.40
City Atlanta	State GA Zip Code 30342-1651	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	<b>Transaction ID : VNH4N9SJ7V6</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 8.10
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	<b>Transaction ID : VNH4N9SJ7W4</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 124.65
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	<b>Transaction ID : VNH4N9SJGK2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 257.35
City Atlanta State GA Zip Code 30342-1651	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	<b>Transaction ID : VNH4N9SJGM0</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	390.10
<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 74 OF 101	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial)  
**A. First Bank Merchant Services**

Mailing Address 5565 Glenridge Connector NE

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 05 / 2014

Amount of Each Disbursement this Period: 615.94

Transaction ID : VNH4N9SJGN8

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 12 / 2014

Amount of Each Disbursement this Period: 105.00

Transaction ID : VNH4N9SJ031

Category/Type: 003

Full Name (Last, First, Middle Initial)  
**c. Philip Fleming**

Mailing Address

City State Zip Code

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 19 / 2014

Amount of Each Disbursement this Period: 110.00

Transaction ID : VNH4N9SJ1G7

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional) ..... 830.94

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ludwig Gaines Esq.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 302 Princeton Blvd		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VNH4N9SHWX7</b>
City Alexandria	State VA	
Zip Code 22314-4716	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 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. Ludwig Gaines Esq.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 302 Princeton Blvd		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : VNH4N9SJ183</b>
City Alexandria	State VA	
Zip Code 22314-4716	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 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. Gerstein, Bocain &amp; Agne</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1901 L St NW		Amount of Each Disbursement this Period 28700.00 <b>Transaction ID : VNH4N9SHXM9</b>
City Washington	State DC	
Zip Code 20036-3533	Purpose of Disbursement Primary Survey	Category/ Type 005
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).....	31450.00
<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 76 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charisse Glassman</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 2128 Grayson Pl		Amount of Each Disbursement this Period 2000.00
City Falls Church	State VA	
Zip Code 22043-1617	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJEX8</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. Charisse Glassman</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 2128 Grayson Pl		Amount of Each Disbursement this Period 1000.00
City Falls Church	State VA	
Zip Code 22043-1617	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SHYM2</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charisse Glassman</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 2128 Grayson Pl		Amount of Each Disbursement this Period 1000.00
City Falls Church	State VA	
Zip Code 22043-1617	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJ0X6</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 101	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charisse Glassman</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 2128 Grayson Pl		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : VNH4N9SJ2C8</b>
City Falls Church	State VA Zip Code 22043-1617	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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. Adryann Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 5831 Quantrell Ave Apt 409		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : VNH4N9SHZ80</b>
City Alexandria	State VA Zip Code 22312-2750	
Purpose of Disbursement Payroll	Category/Type 003	
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. Adryann Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 5831 Quantrell Ave Apt 409		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : VNH4N9SJ057</b>
City Alexandria	State VA Zip Code 22312-2750	
Purpose of Disbursement Payroll	Category/Type 003	
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).....	655.00
<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 78 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Adryann Glenn</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 5831 Quantrell Ave Apt 409		Amount of Each Disbursement this Period 215.00 <b>Transaction ID : VNH4N9SJ1K0</b>
City Alexandria	State VA Zip Code 22312-2750	
Purpose of Disbursement Payroll	Category/Type 003	
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. Gumbinner &amp; Davies</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 2001 S St NW Ste 301		Amount of Each Disbursement this Period 25600.00 <b>Transaction ID : VNH4N9SHXJ3</b>
City Washington	State DC Zip Code 20009-1164	
Purpose of Disbursement Campaign Literature & Mailing	Category/Type 006	
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. Gumbinner &amp; Davies</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 2001 S St NW Ste 301		Amount of Each Disbursement this Period 2515.00 <b>Transaction ID : VNH4N9SHYH8</b>
City Washington	State DC Zip Code 20009-1164	
Purpose of Disbursement Photography Shoot	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	28330.00
<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 79 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gumbinner &amp; Davies</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 2001 S St NW Ste 301			Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20009-1164	Transaction ID : VNH4N9SHYX3	
Purpose of Disbursement Campaign Literature		Category/ Type 006		
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. Gumbinner &amp; Davies</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 2001 S St NW Ste 301			Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20009-1164	Transaction ID : VNH4N9SJ0W9	
Purpose of Disbursement Campaign Literature		Category/ Type 006		
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. Gumbinner &amp; Davies</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 2001 S St NW Ste 301			Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20009-1164	Transaction ID : VNH4N9SJ1B7	
Purpose of Disbursement Campaign Literature		Category/ Type 006		
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).....	15000.00
<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 80 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gumbinner &amp; Davies</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 2001 S St NW Ste 301		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : VNH4N9SJ2F1</b>
City Washington	State DC Zip Code 20009-1164	
Purpose of Disbursement Campaign Literature	Category/Type 006	
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. Barbara Hamlet</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 2483 Windbreak Dr		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VNH4N9SHX27</b>
City Alexandria	State VA Zip Code 22306-2662	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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. Barbara Hamlet</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 2483 Windbreak Dr		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNH4N9SHYS1</b>
City Alexandria	State VA Zip Code 22306-2662	
Purpose of Disbursement Payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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).....	6500.00
<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 81 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Barbara Hamlet</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 2483 Windbreak Dr		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNH4N9SJ100</b>
City Alexandria	State VA	
Zip Code 22306-2662	Purpose of Disbursement Payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 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. Lisa Helem</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 2501 9th Rd S Apt 281		Amount of Each Disbursement this Period 1366.66 <b>Transaction ID : VNH4N9SHY95</b>
City Arlington	State VA	
Zip Code 22204-9710	Purpose of Disbursement Communications Consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Lisa Helem</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 2501 9th Rd S Apt 281		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VNH4N9SJ168</b>
City Arlington	State VA	
Zip Code 22204-9710	Purpose of Disbursement Communications Consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2866.66
<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 82 OF 101		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. LaRoyia Huff</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 527 Oglethorpe St NE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VNH4N9SHXF9</b>
City Washington State DC Zip Code 20011-1603	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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. LaRoyia Huff</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 527 Oglethorpe St NE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : VNH4N9SHXQ3</b>
City Washington State DC Zip Code 20011-1603	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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. LaRoyia Huff</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 527 Oglethorpe St NE		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : VNH4N9SHZ30</b>
City Washington State DC Zip Code 20011-1603	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. LaRoya Huff</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 527 Oglethorpe St NE			Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : VNH4N9SJ118</b>
City Washington	State DC	Zip Code 20011-1603	
Purpose of Disbursement Payroll		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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. Craig Kirby</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1770 Kilbourne PI NW			Amount of Each Disbursement this Period 875.00 <b>Transaction ID : VNH4N9SHW68</b>
City Washington	State DC	Zip Code 20010-2606	
Purpose of Disbursement Campaign Strategy Consultant		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Craig Kirby</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1770 Kilbourne PI NW			Amount of Each Disbursement this Period 875.00 <b>Transaction ID : VNH4N9SHWR8</b>
City Washington	State DC	Zip Code 20010-2606	
Purpose of Disbursement Campaign Strategy Consultant		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<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 84 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Craig Kirby</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1770 Kilbourne PI NW		Amount of Each Disbursement this Period 1875.00
City Washington State DC Zip Code 20010-2606	Purpose of Disbursement Campaign Strategy Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNH4N9SHWT4
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Craig Kirby</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 1770 Kilbourne PI NW		Amount of Each Disbursement this Period 1790.00
City Washington State DC Zip Code 20010-2606	Purpose of Disbursement Campaign Strategy Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNH4N9SHYF2
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Craig Kirby</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1770 Kilbourne PI NW		Amount of Each Disbursement this Period 1885.00
City Washington State DC Zip Code 20010-2606	Purpose of Disbursement Campaign Strategy Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNH4N9SJ1A9
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5550.00
<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 85 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. LA Harris and Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 100 Bleu Brook Dr		Amount of Each Disbursement this Period 2293.32
City Harrodsburg State KY Zip Code 40330-2239	Purpose of Disbursement Fundraising Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNH4N9SHW34
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LA Harris and Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 100 Bleu Brook Dr		Amount of Each Disbursement this Period 1228.10
City Harrodsburg State KY Zip Code 40330-2239	Purpose of Disbursement Fundraising Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNH4N9SHZ14
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LA Harris and Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 100 Bleu Brook Dr		Amount of Each Disbursement this Period 3605.00
City Harrodsburg State KY Zip Code 40330-2239	Purpose of Disbursement Fundraising Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNH4N9SJ0S5
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7126.42
<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 86 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Margaret Lewis</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1521 Hunt Ave		Amount of Each Disbursement this Period 265.00 <b>Transaction ID : VNH4N9SJ0B4</b>
City Landover	State MD Zip Code 20785-3913	
Purpose of Disbursement Payroll	Category/Type 003	
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. Margaret Lewis</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1521 Hunt Ave		Amount of Each Disbursement this Period 233.33 <b>Transaction ID : VNH4N9SJ1Q2</b>
City Landover	State MD Zip Code 20785-3913	
Purpose of Disbursement Payroll	Category/Type 003	
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. Glenice Linzy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1 Luray Ave		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : VNH4N9SHZB3</b>
City Alexandria	State VA Zip Code 22301	
Purpose of Disbursement Payroll	Category/Type 003	
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).....	568.33
<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 87 OF 101	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Glenice Linzy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1 Luray Ave		Amount of Each Disbursement this Period 9,999,999.99 175.00
City Alexandria	State VA	
Zip Code 22301	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJ1R0</b>
Candidate Name	003 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. Glenice Linzy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1 Luray Ave		Amount of Each Disbursement this Period 9,999,999.99 35.00
City Alexandria	State VA	
Zip Code 22301	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJ2B0</b>
Candidate Name	003 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. LRB Business Center</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 2121 Eisenhower Ave # S200		Amount of Each Disbursement this Period 9,999,999.99 750.00
City Alexandria	State VA	
Zip Code 22314-4698	Purpose of Disbursement Office Rent	<b>Transaction ID : VNH4N9SHW75</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	960.00
<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 88 OF 101			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. LRB Business Center</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 2121 Eisenhower Ave # S200		Amount of Each Disbursement this Period 1500.00
City Alexandria	State VA Zip Code 22314-4698	
Purpose of Disbursement Office Rent	Category/Type 001	<b>Transaction ID : VNH4N9SHW91</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LRB Business Center</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 2121 Eisenhower Ave # S200		Amount of Each Disbursement this Period 3614.80
City Alexandria	State VA Zip Code 22314-4698	
Purpose of Disbursement Office Rent	Category/Type 001	<b>Transaction ID : VNH4N9SHYG0</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Zachary Marcus</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 1727 King St		Amount of Each Disbursement this Period 4031.80
City	State Zip Code	
Purpose of Disbursement Campaign Manager Salary	Category/Type 001	<b>Transaction ID : VNH4N9SHWA9</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9146.60
<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 89 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shawna Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1 E Luray Ave		Amount of Each Disbursement this Period 70.00
City Alexandria	State VA	
Zip Code 22301-2025	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SHZF5</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shawna Miller</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1 E Luray Ave		Amount of Each Disbursement this Period 165.00
City Alexandria	State VA	
Zip Code 22301-2025	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJ1T6</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mount Vernon Print Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 13201 Mid Atlantic Blvd		Amount of Each Disbursement this Period 697.48
City Laurel	State MD	
Zip Code 20708-1433	Purpose of Disbursement Printing (Field)	<b>Transaction ID : VNH4N9SJ7Q5</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).....	932.48
<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 90 OF 101	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nelson Mullins</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : VNH4N9SHY20</b>
City	State Zip Code	
Purpose of Disbursement Clean-up Services for Campaign Event	Category/Type 003	
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. Murphy Vogel Askew Reilly, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1199 N Fairfax St		Amount of Each Disbursement this Period 6050.00 <b>Transaction ID : VNH4N9SHW42</b>
City	State Zip Code Alexandria VA 22314-1483	
Purpose of Disbursement Internet Advertising Consultant	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Murphy Vogel Askew Reilly, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1199 N Fairfax St		Amount of Each Disbursement this Period 20970.75 <b>Transaction ID : VNH4N9SHWV1</b>
City	State Zip Code Alexandria VA 22314-1483	
Purpose of Disbursement Advertising & Media Production	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27420.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Murphy Vogel Askew Reilly, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 21 / 2014</b>
Mailing Address 1199 N Fairfax St		Amount of Each Disbursement this Period <b>2500.00</b>
City Alexandria State VA Zip Code 22314-1483	Purpose of Disbursement Advertising & Media Production	<b>Transaction ID : VNH4N9SJ2H7</b>
Candidate Name	Category/Type <b>004</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NGP VAN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 02 / 2014</b>
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period <b>900.00</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Database	<b>Transaction ID : VNH4N9SJ7K3</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. NGP VAN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 22 / 2014</b>
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period <b>2700.00</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Database	<b>Transaction ID : VNH4N9SJ2N7</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6100.00</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 92 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : VNH4N9SJ7M1</b>
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Database	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. Jacqueline Paul</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : VNH4N9SHZH9</b>
City	State Zip Code	
Purpose of Disbursement Payroll	Category/Type 003	
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. Jacqueline Paul</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 88.33 <b>Transaction ID : VNH4N9SJ0G4</b>
City	State Zip Code	
Purpose of Disbursement Payroll	Category/Type 003	
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).....	1058.33
<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 93 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jacqueline Paul</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address		Amount of Each Disbursement this Period 95.00
City	State Zip Code	
Purpose of Disbursement Payroll	Category/ Type 003	<b>Transaction ID : VNH4N9SJ203</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 2340.71
City	State Zip Code Riverside RI 02915-1507	
Purpose of Disbursement Payroll Tax	Category/ Type	<b>Transaction ID : VNH4N9SJ897</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 106.60
City	State Zip Code Riverside RI 02915-1507	
Purpose of Disbursement Payroll Service Fee	Category/ Type	<b>Transaction ID : VNH4N9SJ8A5</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2542.31
<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 94 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 4075.90
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Tax	Transaction ID : VNH4N9SJ8B3
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. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 6.60
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Service Fee	Transaction ID : VNH4N9SJJ89
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. Shannon Pinneck</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 3715 Leeds Dr		Amount of Each Disbursement this Period 1250.00
City Suitland	State MD	
Zip Code 20746-2228	Purpose of Disbursement Payroll	Transaction ID : VNH4N9SHZ48
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5332.50
<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 95 OF 101		
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tamikio Pratt</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 4805 Newman Rd		Amount of Each Disbursement this Period 230.00 <b>Transaction ID : VNH4N9SJ0K7</b>
City Bowie	State MD	
Zip Code 20718	Purpose of Disbursement Payroll	Category/ Type 003
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. Tamikio Pratt</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 4805 Newman Rd		Amount of Each Disbursement this Period 205.00 <b>Transaction ID : VNH4N9SJ237</b>
City Bowie	State MD	
Zip Code 20718	Purpose of Disbursement Payroll	Category/ Type 003
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. Bethlehem Ramet</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 6314 Strawbridge Square Dr		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : VNH4N9SJ245</b>
City Alexandria	State VA	
Zip Code 22312-1917	Purpose of Disbursement Payroll	Category/ Type 003
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).....	685.00
<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 96 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rita's</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 6242 Little River Tpke		Amount of Each Disbursement this Period 291.50 <b>Transaction ID : VNH4N9SJ7H7</b>
City Alexandria	State VA	
Zip Code 22312-1714	Purpose of Disbursement Food/Beverage (Campaign Kickoff)	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. Kenneth Simons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 12603 Woodbridge Ct		Amount of Each Disbursement this Period 2274.28 <b>Transaction ID : VNH4N9SJ8S3</b>
City Mitchellville	State MD	
Zip Code 20721-4238	Purpose of Disbursement Payroll	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. Kenneth Simons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 12603 Woodbridge Ct		Amount of Each Disbursement this Period 1330.81 <b>Transaction ID : VNH4N9SJ8T1</b>
City Mitchellville	State MD	
Zip Code 20721-4238	Purpose of Disbursement Payroll	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).....	3896.59
<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 97 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Simons</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 12603 Woodbridge Ct		Amount of Each Disbursement this Period 1330.80
City Mitchellville	State MD	
Zip Code 20721-4238	Purpose of Disbursement Payroll	Transaction ID : VNH4N9SJ8V9
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. Kenneth Simons</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 12603 Woodbridge Ct		Amount of Each Disbursement this Period 1330.81
City Mitchellville	State MD	
Zip Code 20721-4238	Purpose of Disbursement Payroll	Transaction ID : VNH4N9SJ8W5
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. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 3155 Duke St		Amount of Each Disbursement this Period 291.48
City Alexandria	State VA	
Zip Code 22314-4518	Purpose of Disbursement Office Supplies	Transaction ID : VNH4N9SJ7C8
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).....	2953.09
<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 98 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 3155 Duke St		Amount of Each Disbursement this Period 22.11
City Alexandria	State VA Zip Code 22314-4518	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : VNH4N9SJ7D6
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. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 3155 Duke St		Amount of Each Disbursement this Period 132.04
City Alexandria	State VA Zip Code 22314-4518	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : VNH4N9SJ7E4
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. Tribute to NOVA Labor</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address PO Box 565		Amount of Each Disbursement this Period 500.00
City Annandale	State VA Zip Code 22003-0565	
Purpose of Disbursement Event Tickets	Candidate Name	Transaction ID : VNH4N9SHXX0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	654.15
<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 99 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address George Mason Unit		Amount of Each Disbursement this Period 147.00
City Alexandria	State VA Zip Code 22320	
Purpose of Disbursement Postage (Fundraising)	Candidate Name	Transaction ID : VNH4N9SJ760
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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address George Mason Unit		Amount of Each Disbursement this Period 3.94
City Alexandria	State VA Zip Code 22320	
Purpose of Disbursement Postage (Fundraising)	Candidate Name	Transaction ID : VNH4N9SJ786
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. Saleen Wayne Waters</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address		Amount of Each Disbursement this Period 425.00
City	State Zip Code	
Purpose of Disbursement Music for Campaign Event	Candidate Name	Transaction ID : VNH4N9SHWE9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	575.94
<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 100 OF 101			
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lawrence Welch</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 4377 Benning Rd NE		Amount of Each Disbursement this Period 485.00 <b>Transaction ID : VNH4N9SJ0P1</b>
City Washington State DC Zip Code 20019-4554	Purpose of Disbursement Payroll 003 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. Lawrence Welch</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 4377 Benning Rd NE		Amount of Each Disbursement this Period 145.00 <b>Transaction ID : VNH4N9SJ260</b>
City Washington State DC Zip Code 20019-4554	Purpose of Disbursement Payroll 003 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. Lawrence Welch</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 4377 Benning Rd NE		Amount of Each Disbursement this Period 195.00 <b>Transaction ID : VNH4N9SJ2D6</b>
City Washington State DC Zip Code 20019-4554	Purpose of Disbursement Payroll 003 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).....	485.00
<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 101 OF 101	
	<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)  
**Euille for Congress**

Full Name (Last, First, Middle Initial) <b>A. Patricia Yancey</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 1 E Luray Ave		Amount of Each Disbursement this Period 70.00
City Alexandria	State VA	
Zip Code 22301-2025	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SHZNO</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patricia Yancey</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 1 E Luray Ave		Amount of Each Disbursement this Period 150.00
City Alexandria	State VA	
Zip Code 22301-2025	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJ0R7</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Patricia Yancey</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 1 E Luray Ave		Amount of Each Disbursement this Period 185.00
City Alexandria	State VA	
Zip Code 22301-2025	Purpose of Disbursement Payroll	<b>Transaction ID : VNH4N9SJ294</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	405.00
<b>TOTAL</b> This Period (last page this line number only).....	251709.07