

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

Friends of Don Webb

ADDRESS (number and street)

1610 Bridges Drive

Check if different than previously reported. (ACC)

High Point

NC

27262

2. FEC IDENTIFICATION NUMBER ▼

C C00546291

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Steve Arnold

Signature of Treasurer Steve Arnold

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Don Webb

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	20675.00	42149.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20675.00	42149.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29726.15	91164.50
(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)).....	29726.15	91164.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2484.50	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	51500.00	

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

Friends of Don Webb

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19050.00	36000.00
(ii) Unitemized.....	1625.00	6149.00
(iii) TOTAL of contributions from individuals ▶	20675.00	42149.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20675.00	42149.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	11500.00	51500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	11500.00	51500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	32175.00	93649.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29726.15	91164.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	29726.15	91164.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	35.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32175.00
25. SUBTOTAL (add Line 23 and Line 24).....	32210.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29726.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2484.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 31
	<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	

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

NAME OF COMMITTEE (In Full)
Friends of Don Webb

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

Mailing Address 1011 EMERY CIRCLE

City High Point State NC Zip Code 27262

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4415

Amount of Each Receipt this Period
 contribution 500.00

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

Mailing Address 3001 TECKLA BOULEVARD

City Amarillo State TX Zip Code 79106

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2014

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period
 contribution 250.00

C. Full Name (Last, First, Middle Initial)
John Burres III

Mailing Address 380 KNOLLWOOD STREET

City Winston-Salem State NC Zip Code 27103

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period
 contribution 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) Sue Cannon		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 6420 WEST LAKERIDGE RD		Transaction ID : SA11AI.4419
City Lakewood	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 contribution
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Harry Culp		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2014
Mailing Address 500 WOODBROOK DRIVE		Transaction ID : SA11AI.4404
City High Point	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 contribution
Name of Employer Self	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Elizabeth Fagge		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 26 / 2014
Mailing Address 1409 PINEHURST DRIVE		Transaction ID : SA11AI.4386
City High Point	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00 contribution
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial)
Leonard Fletcher

Mailing Address 132 N Haven Road
Apt 1W

City Elmhurst State IL Zip Code 60126-2955

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

Name of Employer Superur Chemicals Occupation Transportation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

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

Transaction ID : SA11AI.4383

Amount of Each Receipt this Period
Contribution 500.00

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

Mailing Address 1589 Skeet Club Road
Suite 102, #243

City High Point State NC Zip Code 27265

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
400.00

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

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period
Contribution 100.00

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

Mailing Address 1589 Skeet Club Road
Suite 102, #243

City High Point State NC Zip Code 27265

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4403

Amount of Each Receipt this Period
contribution 100.00

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 8 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. Fran Jennings		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 1589 Skeet Club Road Suite 102, #243		Transaction ID : SA11AI.4406	
City High Point	State NC	Zip Code 27265	Amount of Each Receipt this Period 100.00 contribution
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) B. Edward Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2014	
Mailing Address PO Box 400		Transaction ID : SA11AI.4390	
City Jamestown	State NC	Zip Code 27282	Amount of Each Receipt this Period 2500.00 contribution
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) C. Kathleen Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2014	
Mailing Address PO Box 400		Transaction ID : SA11AI.4388	
City Jamestown	State NC	Zip Code 27282	Amount of Each Receipt this Period 2500.00 contribution
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	5100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial)
Walter Eugene Johnston

Mailing Address 1610 Granville Road

City Greensboro State NC Zip Code 27408

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

Name of Employer Self Occupation Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period
 2600.00
 contribution

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

Mailing Address PO BOX 156

City Trinity State NC Zip Code 27370

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

Name of Employer None Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4370

Amount of Each Receipt this Period
 2000.00
 Contribution

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

Mailing Address PO BOX 156

City Trinity State NC Zip Code 27370

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

Name of Employer Self Occupation NASCAR Driver

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4368

Amount of Each Receipt this Period
 2000.00
 Contribution

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

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

6600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial)
Aldolfo Montesa

Mailing Address 121 KENTLAND RIDGE DRIVE

City Kenersville State NC Zip Code 27284

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

Name of Employer Wells Fargo Advisors Occupation Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.4435

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

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

Mailing Address 1431 GRINDELWALD DRIVE

City KERNERSVILLE State NC Zip Code 27284

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

Name of Employer Amway Occupation Entrepreneur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

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

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
 contribution **800.00**

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

Mailing Address 40 HOWARD RD

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.4439

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

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

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

1300.00

**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 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

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

Mailing Address 5033 GORHAM DRIVE

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
Wells Fargo Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4431

Amount of Each Receipt this Period
250.00
contribution

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

Mailing Address 806 WESTCHESTER DRIVE

City State Zip Code
High Point NC 27262

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

Name of Employer Occupation
High Point University 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
01 / 24 / 2014

Transaction ID : SA11AI.4381

Amount of Each Receipt this Period
1000.00
contribution

C. Full Name (Last, First, Middle Initial)
G. L. Stroud

Mailing Address 1700 CHICKADEE PT.

City State Zip Code
High Point NC 27262

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

Name of Employer Occupation
Blue Bell Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period
500.00
contribution

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

A. Full Name (Last, First, Middle Initial)
Mitchell Vakerics

Mailing Address 4221 36TH Street South

City: Arlington State: VA Zip Code: 22206

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

Name of Employer: Ovation Occupations Occupation: Project Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 26 / 2014

Transaction ID : SA11AI.4385

Amount of Each Receipt this Period contribution: 300.00

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

Mailing Address 329 DEVANE STREET

City: Fayetteville State: NC Zip Code: 28365

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

Name of Employer: Wells Fargo Advisors Occupation: Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 07 / 2014

Transaction ID : SA11AI.4395

Amount of Each Receipt this Period contribution: 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

1300.00

19050.00

**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 31
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) Don Webb		Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2014	
Mailing Address 220 Timberlake Drive		Transaction ID : SA13A.4450	
City State Zip Code High Point NC 27265	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C H4NC06060	Loan		
Name of Employer Occupation Wells Fargo Financial Advisor	Election Cycle-to-Date 37000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) Don Webb		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address 220 Timberlake Drive		Transaction ID : SA13A.4451	
City State Zip Code High Point NC 27265	Amount of Each Receipt this Period 7500.00		
FEC ID number of contributing federal political committee. C H4NC06060	Loan		
Name of Employer Occupation Wells Fargo Financial Advisor	Election Cycle-to-Date 44500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) Don Webb		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 220 Timberlake Drive		Transaction ID : SA13A.4452	
City State Zip Code High Point NC 27265	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C H4NC06060	Loan		
Name of Employer Occupation Wells Fargo Financial Advisor	Election Cycle-to-Date 46500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	11500.00
TOTAL This Period (last page this line number only).....	11500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. NC State Board of Elections		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 441 N Harrington St		Amount of Each Disbursement this Period 1740.00 Transaction ID : SB17.4448
City Raleigh	State NC Zip Code 27603	
Purpose of Disbursement Candidate Filing Fee	Category/Type 001	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement MM / DD / YYYY 01 / 08 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4453
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Media	Category/Type 001	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement MM / DD / YYYY 01 / 17 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4454
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Signs	Category/Type 006	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

SUBTOTAL of Disbursements This Page (optional).....	7740.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement MM / DD / YYYY 01 / 21 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4455
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Issues Consulting	Category/Type 001	
Candidate Name Friends of Don Webb	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 06	

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement MM / DD / YYYY 01 / 23 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 325.00 Transaction ID : SB17.4456
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Palm Cards	Category/Type 006	
Candidate Name Friends of Don Webb	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 06	

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement MM / DD / YYYY 01 / 24 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4457
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Research/Research Services	Category/Type 001	
Candidate Name Friends of Don Webb	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 06	

SUBTOTAL of Disbursements This Page (optional).....	1525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4467
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Signs	Category/Type 006	
Candidate Name Friends of Don Webb	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 06	

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.4458
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Polling Consulting	Category/Type 005	
Candidate Name Friends of Don Webb	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 06	

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 360.00 Transaction ID : SB17.4461
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Advertising	Category/Type 004	
Candidate Name Friends of Don Webb	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 06	

SUBTOTAL of Disbursements This Page (optional)	8360.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4462
City High Point	State NC	
Purpose of Disbursement Door Hangers		Category/Type 006
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NC	District: 06	

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 5100.00 Transaction ID : SB17.4460
City High Point	State NC	
Purpose of Disbursement Campaign & Research Consulting		Category/Type 001
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NC	District: 06	

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4464
City High Point	State NC	
Purpose of Disbursement Letterhead/envelopes/stationery		Category/Type 006
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NC	District: 06	

SUBTOTAL of Disbursements This Page (optional).....	6700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Don Webb

Full Name (Last, First, Middle Initial) A. SNDC, LLC		Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4465
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Accounting services	Category/Type 001	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

Full Name (Last, First, Middle Initial) B. SNDC, LLC		Date of Disbursement MM / DD / YYYY 03 / 19 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4466
City High Point	State NC Zip Code 27262	
Purpose of Disbursement Media Consulting	Category/Type 001	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

Full Name (Last, First, Middle Initial) C. SNDC, LLC		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 1610 Bridges Drive		Amount of Each Disbursement this Period 3350.00 Transaction ID : SB17.4459
City High Point	State NC Zip Code 27262	
Purpose of Disbursement List acquisition	Category/Type 003	
Candidate Name Friends of Don Webb	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 06		

SUBTOTAL of Disbursements This Page (optional).....	5350.00
TOTAL This Period (last page this line number only).....	29675.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4222**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Friends of Don Webb

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
1610 Bridges Drive

City State ZIP Code
High Point NC 27262

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS

Date Incurred: M 06 / D 12 / Y 2013
Date Due: M / D / Y 12/31/2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Dr	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 5000.00 Transaction ID : SC/10.4222.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 5000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Don Webb

Transaction ID : SC/10.4116

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2000.00 0.00 2000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
07 / 02 / 2013 M M / D D / 12/31/2014 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 2000.00 Transaction ID : SC/10.4116.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Don Webb

Transaction ID : SC/10.4114

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3000.00 0.00 3000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
07 / 26 / 2013 M M / D D / 12/30/2014 Y Y Y Y 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 3000.00 Transaction ID : SC/10.4114.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 3000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4110**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Don Webb** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS

Date Incurred: M 08 / D 14 / Y 2013
Date Due: M / D / Y 12/31/2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 5000.00 Transaction ID : SC/10.4110.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 5000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Don Webb

Transaction ID : SC/10.4106

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
4000.00 0.00 4000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 13 / 2013 M M / D D / 12/30/2014 0.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 4000.00 Transaction ID : SC/10.4106.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 4000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4266**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Don Webb** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS

Date Incurred: M 10 / D 11 / Y 2013
Date Due: M / D / Y 12/31/2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 2000.00 Transaction ID : SC/10.4266.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4268**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Don Webb** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 10 / D 28 / Y 2013
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 2000.00 Transaction ID : SC/10.4268.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4288**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Don Webb** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
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TERMS

Date Incurred: M 11 / D 08 / Y 2013
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 3000.00 Transaction ID : SC/10.4288.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 3000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4307**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Don Webb** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 7000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7000.00
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TERMS

Date Incurred: M 11 / D 14 / Y 2013
Date Due: M / D / Y 12/31/2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 7000.00 Transaction ID : SC/10.4307.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 7000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4301**

LOAN SOURCE Full Name (Last, First, Middle Initial) Don Webb	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 220 Timberlake Drive		

City	State	ZIP Code
High Point	NC	27265

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 02 / Y 2013	M M / D D / Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 7000.00 Transaction ID : SC/10.4301.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	7000.00
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4450**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Don Webb** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS

Date Incurred: M 01 / D 17 / Y 2014
Date Due: M M / D D / Y 12/31/2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 2000.00 Transaction ID : SC/10.4450.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4451**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Don Webb** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 7500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7500.00
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TERMS

Date Incurred: M 02 / D 14 / Y 2014
Date Due: M M / D D / Y 12/31/2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 7500.00 Transaction ID : SC/10.4451.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 7500.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Don Webb** Transaction ID : **SC/10.4452**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Don Webb** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
220 Timberlake Drive

City State ZIP Code
High Point NC 27265

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS

Date Incurred: M 02 / D 18 / Y 2014 Date Due: M / D / Y 12/31/2014 Interest Rate: 0.00 % (apr) Secured: Yes No

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

1. Full Name (Last, First, Middle Initial) Don Webb	Name of Employer Wells Fargo
Mailing Address 220 Timberlake Drive	Occupation Financial Advisor
City State ZIP Code High Point NC 27265	Amount Guaranteed Outstanding: 2000.00 Transaction ID : SC/10.4452.0.SC2
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	2000.00
TOTALS This Period (last page in this line only).....	51500.00

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