



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**GOOD FUND, THE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="135661.58"/>	<input type="text" value="135661.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="99724.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="41500.00"/>	<input type="text" value="81604.63"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="141224.07"/>	<input type="text" value="217266.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18898.00"/>	<input type="text" value="94940.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="122326.07"/>	<input type="text" value="122326.07"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

**GOOD FUND, THE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3000.00	3000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3000.00	3000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	38500.00	74150.60
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	41500.00	77150.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	4454.03
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	41500.00	81604.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41500.00	81604.63

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1898.00	14440.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1898.00	14440.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	32500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	500.00	48000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18898.00	94940.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18898.00	94940.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	41500.00	77150.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41500.00	77150.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1898.00	14440.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1898.00	14440.14

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**GOOD FUND, THE**

**A. Harriett Melvin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Key Dr

City Alexandria State VA Zip Code 22302

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

Name of Employer The Capitol Group Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : 2008**

Amount of Each Receipt this Period  
 500.00

**B. Virginia A. Sniegon**  
Full Name (Last, First, Middle Initial)

Mailing Address 5901 Mount Eagle Dr.  
Apt. 1402

City Alexandria State VA Zip Code 22303

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

Name of Employer Institute of Defense Analysis Occupation Defense Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2014  
**Transaction ID : 2010**

Amount of Each Receipt this Period  
 2500.00

**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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GOOD FUND, THE**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

Mailing Address ONE MASSACHUSETTS AVE NW SUITE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00172833

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : 2004**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
BABCOCK & WILCOX COMPANY POLITICAL ACTION COMMITTEE (B&W PAC), THE

Mailing Address 2016 Mt. Athos Road

City Lynchburg State VA Zip Code 24504

FEC ID number of contributing federal political committee. **C** C00365502

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : 2001**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
EBAY INC-COMMITTEE FOR RESPONSIBLE INTERNET COMMERCE

Mailing Address 228 S. Washington St.  
Ste. 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00342394

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2014

**Transaction ID : 2003**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GOOD FUND, THE**

Full Name (Last, First, Middle Initial) <b>A. ICE CREAM, MILK &amp; CHEESE PAC</b>		Date of Receipt
Mailing Address 1250 H STREET N W SUITE 900		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : 2002</b>
WASHINGTON	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00128231"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MICRON TECHNOLOGY, INC. PAC</b>		Date of Receipt
Mailing Address 8000 S. FEDERAL WAY MS 1-407		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : 2006</b>
BOISE	ID	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00443671"/>	<input type="text" value="3000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)</b>		Date of Receipt
Mailing Address 1771 N STREET NW		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : 2005</b>
WASHINGTON	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00009985"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="13000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GOOD FUND, THE**

Full Name (Last, First, Middle Initial)  
**A. NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**

Mailing Address Three Commercial Place

City Norfolk State VA Zip Code 23510

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : 2009**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. QUALCOMM INCORPORATED POLITICAL ACTION COMMITTEE (QPAC)**

Mailing Address 1730 Pennsylvania Avenue, NW  
SUITE 850

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00339085

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : 2000**

Amount of Each Receipt this Period  
 3000.00

Full Name (Last, First, Middle Initial)  
**C. THE ASCAP LEGISLATIVE FUND FOR THE ARTS**

Mailing Address ONE LINCOLN PLAZA

City NEW YORK State NY Zip Code 10023

FEC ID number of contributing federal political committee. **C** C00228296

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : 2007**

Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	38500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GOOD FUND, THE**

Full Name (Last, First, Middle Initial)

**A. Robert W. Goodlatte**

Mailing Address 5341 Fox Ridge Road

City State Zip Code  
Roanoke VA 24018

Purpose of Disbursement  
Travel expense reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
05 / 07 / 2014

**Transaction ID : 2011**

Amount of Each Disbursement this Period

1398.00

Full Name (Last, First, Middle Initial)

**B. Political Compliance Services**

Mailing Address PO Box 373

City State Zip Code  
Fairfax Station VA 22039

Purpose of Disbursement  
Consultant:Compliance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
05 / 01 / 2014

**Transaction ID : 2012**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
 / /

Amount of Each Disbursement this Period

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

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

1898.00

1898.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GOOD FUND, THE**

Full Name (Last, First, Middle Initial) <b>A. BENISHEK FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014	
Mailing Address 802 Pentoga Trail		Transaction ID : 2013  Amount of Each Disbursement this Period 1000.00	
City Crystal Falls	State MI		Zip Code 49920
Purpose of Disbursement Administrative/Salary/Overhead Expenses			Category/ Type
Candidate Name <b>DANIEL J. M.D. BENISHEK</b>			
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: MI	District: 01		

Full Name (Last, First, Middle Initial) <b>B. COMSTOCK FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014	
Mailing Address PO BOX 71596		Transaction ID : 2026  Amount of Each Disbursement this Period 2000.00	
City RICHMOND	State VA		Zip Code 23255
Purpose of Disbursement			Category/ Type
Candidate Name <b>BARBARA J. COMSTOCK</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VA	District: 10		

Full Name (Last, First, Middle Initial) <b>C. DOLD FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014	
Mailing Address PO Box 8145		Transaction ID : 2023  Amount of Each Disbursement this Period 1000.00	
City Northfield	State IL		Zip Code 60093
Purpose of Disbursement			Category/ Type
Candidate Name <b>ROBERT JAMES JR DOLD</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL	District: 10		

<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 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GOOD FUND, THE**

Full Name (Last, First, Middle Initial)

**A. ED GILLESPIE FOR SENATE**

Mailing Address PO BOX 71596

City RICHMOND State VA Zip Code 23255

Purpose of Disbursement

Candidate Name

**EDWARD W GILLESPIE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
05 / 20 / 2014

**Transaction ID : 2022**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FITZPATRICK FOR CONGRESS**

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

Candidate Name

**MICHAEL G. FITZPATRICK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
05 / 20 / 2014

**Transaction ID : 2015**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE HECK**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

Candidate Name

**JOE HECK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
05 / 20 / 2014

**Transaction ID : 2016**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GOOD FUND, THE**

Full Name (Last, First, Middle Initial)

**A. JENKINS FOR CONGRESS**

Mailing Address PO BOX 727

City HUNTINGTON State WV Zip Code 25711

Purpose of Disbursement

Candidate Name  
**EVAN H JENKINS**

Office Sought:  House  
 Senate  
 President  
State: WV District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2014

Transaction ID : 2027

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MIKE BOST FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 1212

City MURPHYSBORO State IL Zip Code 62966

Purpose of Disbursement

Candidate Name  
**MICHAEL J BOST**

Office Sought:  House  
 Senate  
 President  
State: IL District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2014

Transaction ID : 2024

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Rodney for Congress**

Mailing Address 305 Beechwood Drive

City Taylorville State IL Zip Code 62568

Purpose of Disbursement

Candidate Name  
**RODNEY L DAVIS**

Office Sought:  House  
 Senate  
 President  
State: IL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2014

Transaction ID : 2014

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GOOD FUND, THE**

Full Name (Last, First, Middle Initial)

**A. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement

Candidate Name  
**RYAN A COSTELLO**

Office Sought:  House  
 Senate  
 President  
State: PA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

**Transaction ID : 2025**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. SOUTHERLAND FOR CONGRESS**

Mailing Address PO BOX 1692

City LYNN HAVEN State FL Zip Code 32444

Purpose of Disbursement

Candidate Name  
**WILLIAM STEVE II SOUTHERLAND**

Office Sought:  House  
 Senate  
 President  
State: FL District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	4

**Transaction ID : 2017**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. TOM REED FOR CONGRESS**

Mailing Address PO BOX 391

City GENEVA State NY Zip Code 14456

Purpose of Disbursement

Candidate Name  
**THOMAS W II REED**

Office Sought:  House  
 Senate  
 President  
State: NY District: 29

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	4

**Transaction ID : 2020**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GOOD FUND, THE**

Full Name (Last, First, Middle Initial)

**A. VALADAO FOR CONGRESS**

Mailing Address 504 VAN NESS

City FRESNO State CA Zip Code 93721

Purpose of Disbursement

Candidate Name  
**DAVID VALADAO**

Office Sought:  House  
 Senate  
 President  
State: CA District: 20

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2014

**Transaction ID : 2018**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. WALBERG FOR CONGRESS**

Mailing Address 6769 Teachout Road

City Tipton State MI Zip Code 49287

Purpose of Disbursement

Candidate Name  
**TIMOTHY L HON. WALBERG**

Office Sought:  House  
 Senate  
 President  
State: MI District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2014

**Transaction ID : 2019**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2000.00

16500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GOOD FUND, THE**

Full Name (Last, First, Middle Initial)

**A. Friends of Bryce Reeves**

Mailing Address P O Box 7022

City State Zip Code  
Fredericksburg VA 22404

Purpose of Disbursement  
Political contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2014

**Transaction ID : 2021**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00

500.00