

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

TAYLOR GRIFFIN FOR CONGRESS

ADDRESS (number and street)

PO BOX 3451

Check if different than previously reported. (ACC)

NEW BERN

NC

28564

2. FEC IDENTIFICATION NUMBER

C C00550053

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X 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 01 / 01 / 2014

through

M M / D D / Y Y Y Y 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HENRY CLARK WARD

Signature of Treasurer HENRY CLARK WARD

[Electronically Filed]

Date

M M / D D / Y Y Y Y 04 / 15 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TAYLOR GRIFFIN FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	118150.54	224250.54
(b) Total Contribution Refunds (from Line 20(d))	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	118150.54	223250.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	107948.48	132862.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	4.02	4.02
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	107944.46	132858.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	97392.43	
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).....	7500.00	

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

TAYLOR GRIFFIN FOR CONGRESS

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).....	111385.54	203060.54
(ii) Unitemized.....	3265.00	7690.00
(iii) TOTAL of contributions from individuals ▶	114650.54	210750.54
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3500.00	11000.00
(d) The Candidate.....	0.00	2500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	118150.54	224250.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	7500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	7500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	4.02	4.02
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)..... ▶	118154.56	231754.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	107948.48	132862.13
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	1000.00
(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	1000.00
21. OTHER DISBURSEMENTS	0.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	107948.48	134362.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	87186.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	118154.56
25. SUBTOTAL (add Line 23 and Line 24).....	205340.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	107948.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	97392.43

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM C ABBRUZZESE

Mailing Address 4425 ARENDELL ST.
UNIT 706

City MOREHEAD CITY State NC Zip Code 28557

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.289

Amount of Each Receipt this Period
 500.00

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

Mailing Address 12 DEWART RD.

City GREENWICH State CT Zip Code 06830

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

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.371

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
OWEN D ANDREWS

Mailing Address 103 TRENT SHORES DR/

City TRENT WOODS State NC Zip Code 28562

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

Name of Employer KENNEL DEVELOPMENT LLC Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.264

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 6 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DANIEL ASHER

Mailing Address 211 E CHICAGO AVE.
#1020

City State Zip Code
CHICAGO IL 60611

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
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.367

Amount of Each Receipt this Period
2600.00

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

Mailing Address 162 E 92ND ST

City State Zip Code
NEW YORK NY 10128

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.463

Amount of Each Receipt this Period
2600.00

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

Mailing Address 162 E 92ND ST

City State Zip Code
NEW YORK NY 10128

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.464

Amount of Each Receipt this Period
2600.00

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

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

7800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUSAN M BRAATEN

Mailing Address 4506 MORGAN LN.

City State Zip Code
NEW BERN NC 28562

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
02 / 20 / 2014

Transaction ID : SA11AI.262

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CHARLTON S BURNS

Mailing Address 9901 CRISSIE WRIGHT CT

City State Zip Code
EMERALD ISLE NC 28594

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
03 / 31 / 2014

Transaction ID : SA11AI.392

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROBERT L BURRUS JR.

Mailing Address 1713 PARK AVE.

City State Zip Code
RICHMOND VA 23220

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
03 / 11 / 2014

Transaction ID : SA11AI.317

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 8 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDREW CANTOR

Mailing Address 4654 UPTON STREET NW

City State Zip Code
WASHINGTON DC 20016

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

Name of Employer Occupation
PECK MADIGAN JONES PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2014

Transaction ID : SA11AI.235

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
STEVEN M COHEN

Mailing Address 3 TRAILS END.

City State Zip Code
CHAPPAQUA NY 10514

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

Name of Employer Occupation
ELLIOTT MANAGEMENT TRADER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.375

Amount of Each Receipt this Period
2600.00

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

Mailing Address 139 TRENT SHORES DR.

City State Zip Code
TRENT WOODS NC 28562

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

Name of Employer Occupation
DACEY PUBLIC AFFAIRS, INC. GOVERNMENT RELATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.263

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 9 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCOTT C DACEY

Mailing Address 139 TRENT SHORES DR.

City State Zip Code
TRENT WOODS NC 28562

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

Name of Employer Occupation
DACEY PUBLIC AFFAIRS, INC. GOVERNMENT RELATIONS

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 / 31 / 2014

Transaction ID : SA11AI.414

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
G L DEICHMANN

Mailing Address PO BOX 1310

City State Zip Code
NEW BERN NC 28560

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
 03 / 14 / 2014

Transaction ID : SA11AI.351

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DONALD E DEICHMANN

Mailing Address 116 TRENT SHORES DR.

City State Zip Code
TRENT WOODS NC 28562

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
 03 / 14 / 2014

Transaction ID : SA11AI.352

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 10 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANNE DICKERSON

Mailing Address 236 W 26TH ST.
#2W

City State Zip Code
NEW YORK NY 10001

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
1400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.360

Amount of Each Receipt this Period
1400.00

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

Mailing Address 1124 BEVERLEY DR.

City State Zip Code
ALEXANDRIA VA 22302

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

Name of Employer Occupation
KSG DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.298

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT F DORSEY

Mailing Address PO BOX 14718

City State Zip Code
NEW BERN NC 28561

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
02 / 20 / 2014

Transaction ID : SA11AI.268

Amount of Each Receipt this Period
500.00

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

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

2150.00

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KYLE W DOWNEY

Mailing Address 446 Q ST. NW

City WASHINGTON State DC Zip Code 20001

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

Name of Employer DOWNEY COMMUNICATIONS 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
 03 / 28 / 2014

Transaction ID : SA11AI.407

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
VICTOR I FLOW JR.

Mailing Address 2755 OLD TOWN CLUB RD.

City WINSTON SALEM State NC Zip Code 27106

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

Name of Employer FLOW IMPORTS 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
 02 / 20 / 2014

Transaction ID : SA11AI.273

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BENJAMIN J FORBES III

Mailing Address 1912 CRAIG ST

City RALEIGH State NC Zip Code 27608

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

Name of Employer YORK PROPERTIES Occupation PROPERTY MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.246

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 12 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM D FORBES JR.

Mailing Address 1013 FRONT ST.
UNIT 103

City State Zip Code
BEAUFORT NC 28516

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
 03 / 31 / 2014

Transaction ID : SA11AI.389

Amount of Each Receipt this Period
500.00

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

Mailing Address 2708 BEDFORD AVE.

City State Zip Code
RALEIGH NC 27607

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11AI.265

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MICHAEL L GOLDFARB

Mailing Address 114 S FAYETTE ST

City State Zip Code
ALEXANDRIA VA 22314

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
2600.00

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

Transaction ID : SA11AI.459

Amount of Each Receipt this Period
2600.00

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

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

4100.00

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

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

FOR LINE NUMBER: PAGE 13 OF 66
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARVEY GOLUB

Mailing Address 3399 PGA BLVD STE 360

City State Zip Code
PALM BEACH GARDENS FL 33410

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

Name of Employer Occupation
NONE 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 Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.460

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM H GOODWIN JR.

Mailing Address 901 E CARY ST.
STE. 1500

City State Zip Code
RICHMOND VA 23219

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 Y Y
 03 / 11 / 2014

Transaction ID : SA11AI.326

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1 SANDAL WOOD DR.

City State Zip Code
LIVINGSTON NJ 07039

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 Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.363

Amount of Each Receipt this Period
1000.00

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

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

4500.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 66

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEORGE S HALL

Mailing Address 391 NICHOLS RUN CT.

City State Zip Code
 GREAT FALLS VA 22066

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

Name of Employer Occupation
 CROSSROADS STRATEGIES, LLC CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 2600.00

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

Transaction ID : SA11AI.297

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 833 22ND ST. S

City State Zip Code
 ARLINGTON VA 22202

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

Name of Employer Occupation
 ANADARKO MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

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

Transaction ID : SA11AI.409

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
ARNOLD I HAVENS

Mailing Address 8105 RIDINGS CT.

City State Zip Code
 MCLEAN VA 22102

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

Name of Employer Occupation
 JONES WALKER ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 01 2014

Transaction ID : SA11AI.302

Amount of Each Receipt this Period
 250.00

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

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

3100.00

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROGER HERTO

Mailing Address 1040 5TH AVE

City NEW YORK State NY Zip Code 10028

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
1000.00

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

Transaction ID : SA11AI.399

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2375 NORTH LAKE ROAD

City FAIRFIELD State NC Zip Code 27826

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11AI.236

Amount of Each Receipt this Period
250.00

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

Mailing Address 2375 NORTH LAKE ROAD

City FAIRFIELD State NC Zip Code 27826

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.244

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: (check only one)	PAGE 16 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN M HINES

Mailing Address 3655 ROYAL TERN CIRCLE

City State Zip Code
BOYNTON BEACH FL 33436

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
 03 / 11 / 2014

Transaction ID : SA11A1.320

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
O K HOGAN

Mailing Address 316 JOAN CT.

City State Zip Code
BEAUFORT NC 28516

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

Name of Employer Occupation
MIKELS & JONES PROPERTIES COMMERCIAL 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
 03 / 31 / 2014

Transaction ID : SA11A1.387

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KEITH L HORN

Mailing Address 57 MARIA RD.

City State Zip Code
WOODCLIFF LAKE NJ 07677

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

Name of Employer Occupation
ELLIOTT MANAGEMENT CORPORATION 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
 03 / 24 / 2014

Transaction ID : SA11A1.377

Amount of Each Receipt this Period
2600.00

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

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

3600.00

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES E JOHNSON JR.

Mailing Address PO BOX 1717

City State Zip Code
VIRGINIA BEACH VA 23451

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
 03 / 11 / 2014

Transaction ID : SA11AI.325

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
TERRY J KASSEL

Mailing Address 44 W 77TH ST.
APT. 12E

City State Zip Code
NEW YORK NY 10024

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

Name of Employer Occupation
ELLIOTT MANAGEMENT STRATEGIC HR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.366

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
TERRY J KASSEL

Mailing Address 44 W 77TH ST.
APT. 12E

City State Zip Code
NEW YORK NY 10024

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

Name of Employer Occupation
ELLIOTT MANAGEMENT STRATEGIC HR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.385

Amount of Each Receipt this Period
2600.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SEAN KEVELIGHAN

Mailing Address 1225 N. WELLS STREET APT 1103

City CHICAGO	State IL	Zip Code 60610
-----------------	-------------	-------------------

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

Name of Employer ZURICH	Occupation GOVERNMENT AFFAIRS
----------------------------	----------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.242

Amount of Each Receipt this Period
500.00

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

Mailing Address 993 FIFTH AVE

City NEW YORK	State NY	Zip Code 10028
------------------	-------------	-------------------

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
 03 / 31 / 2014

Transaction ID : SA11AI.398

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
JEFFREY F KUPFER

Mailing Address 7011 MEADOW LN

City CHEVY CHASE	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation CONSULTANT
-----------------------------------	--------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.412

Amount of Each Receipt this Period
500.00

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

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

3600.00

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

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

FOR LINE NUMBER: PAGE 19 OF 66
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BONNIE J LOEB

Mailing Address 315 E 69TH ST.
APT. 10A

City State Zip Code
NEW YORK NY 10021

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
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.357

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
WILLIAM E MASSEY III

Mailing Address PO BOX 8661

City State Zip Code
RICHMOND VA 23226

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
 03 / 11 / 2014

Transaction ID : SA11AI.318

Amount of Each Receipt this Period
250.00

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

Mailing Address 608 ANN STREET

City State Zip Code
BEAUFORT NC 28516

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
435.54

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

Transaction ID : SA11AI.390

Amount of Each Receipt this Period
435.54

IN-KIND: EVENT FACILITY RENTAL AND EVENT CATERING

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

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

3285.54

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
W G MICHELL

Mailing Address 3009 RIVER LN.

City NEW BERN State NC Zip Code 28562

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.272

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
DAVE J MILLER

Mailing Address 347 W BROADWAY #7

City NEW YORK State NY Zip Code 10013

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
 03 / 24 / 2014

Transaction ID : SA11AI.365

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
KENNETH E MORRIS III

Mailing Address 503 HAYWOOD CREEK DRIVE

City NEW BERN State NC Zip Code 28562

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
 02 / 20 / 2014

Transaction ID : SA11AI.269

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

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KENNETH E MORRIS JR.

Mailing Address 103 YACHT CLUB RD.

City State Zip Code
NEW BERN NC 28562

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11A1.271

Amount of Each Receipt this Period
500.00

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

Mailing Address 28 CAYUGA WAY

City State Zip Code
SHORT HILLS NJ 07078

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

Name of Employer Occupation
ELLIOTT MANAGEMENT CORPORATION CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11A1.379

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
JANET L NEWMAN

Mailing Address 408 WEXFORD PL.

City State Zip Code
NEW BERN NC 28562

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
 03 / 11 / 2014

Transaction ID : SA11A1.328

Amount of Each Receipt this Period
500.00

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

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

3600.00

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES OLIVER II

Mailing Address **2401 FRONT STREET**

City **BEAUFORT** State **NC** Zip Code **28516**

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

Name of Employer **FRONT STREET VILLAGE** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.243

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
NICHOLAS J PACE

Mailing Address **5 KANAWHA RD.**

City **RICHMOND** State **VA** Zip Code **23226**

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
03 / 11 / 2014

Transaction ID : SA11AI.327

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PHIL W PARK

Mailing Address **1601 MADDUX LN.**

City **MCLEAN** State **VA** Zip Code **22101**

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
03 / 11 / 2014

Transaction ID : SA11AI.338

Amount of Each Receipt this Period
500.00

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 23 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN PIKE

Mailing Address **88 CENTRAL PARK W
#11S**

City **NEW YORK** State **NY** Zip Code **10023**

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

Name of Employer **ELLIOTT MANAGEMENT** Occupation **PORTFOLIO MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.316

Amount of Each Receipt this Period
2600.00

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

Mailing Address **1600 N OAK ST.
#1817**

City **ARLINGTON** State **VA** Zip Code **22209**

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

Name of Employer **SELF EMPLOYED** Occupation **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
03 / 26 / 2014

Transaction ID : SA11AI.383

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
TEA NADEZDA Z POLLOCK

Mailing Address **111 W 67TH ST.**

City **NEW YORK** State **NY** Zip Code **10023**

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
03 / 24 / 2014

Transaction ID : SA11AI.358

Amount of Each Receipt this Period
2600.00

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

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

5450.00

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JONATHAN D POLLOCK

Mailing Address 111 W 67TH ST.

City State Zip Code
NEW YORK NY 10023

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
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.359

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
QUARTUS STRATEGIES, LLC

Mailing Address 90 REVERE ST.
APT. 1

City State Zip Code
BOSTON MA 02114

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

Name of Employer Occupation

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 / 11 / 2014

Transaction ID : SA11AI.336

Amount of Each Receipt this Period
250.00

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

Mailing Address 90 REVERE ST.
APT. 1

City State Zip Code
BOSTON MA 02114

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

Name of Employer Occupation
QUARTUS STRATEGIES, LLC PARTNER

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 / 11 / 2014

Transaction ID : SA11AI.337

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
PARTNERSHIP QUARTUS STRATEGIES, LLC

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARC RACICOT

Mailing Address 28013 SWAN COVE DR.

City State Zip Code
BIGFORK MT 59911

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

Name of Employer Occupation
SELF EMPLOYED 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
 02 / 28 / 2014

Transaction ID : SA11AI.301

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KIMBERLY A REED

Mailing Address 3601 CONNECTICUT AVE. NW
APT. 620

City State Zip Code
WASHINGTON DC 20008

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

Name of Employer Occupation
IFIC EXECUTIVE DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.355

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RICHARD S RITHOLZ

Mailing Address 282 HARTSHORN DR

City State Zip Code
SHORT HILLS NJ 07078

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
2600.00

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

Transaction ID : SA11AI.395

Amount of Each Receipt this Period
2600.00

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

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

3100.00

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETER J RIZZI

Mailing Address 16 SAMANTHA DR.

City State Zip Code
MONROE TOWNSHIP NJ 08831

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

Name of Employer Occupation
ELLIOTT MANAGEMENT CORP. TRADER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.374

Amount of Each Receipt this Period
2600.00

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

Mailing Address 502 SOUTH AVE.

City State Zip Code
ORIENTAL NC 28571

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

Name of Employer Occupation
TAKATA CORP. EXECUTIVE VICE 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
 03 / 15 / 2014

Transaction ID : SA11AI.372

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RICHARD A RUBIN

Mailing Address 122 GREENWICH AVE 7A

City State Zip Code
NEW YORK NY 10011

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
2600.00

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

Transaction ID : SA11AI.396

Amount of Each Receipt this Period
2600.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT P RYAN

Mailing Address 141 PARSONAGE RD

City GREENWICH State CT Zip Code 06830

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

Name of Employer ELLIOTT MANAGEMENT Occupation EXECUTIVE

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.461

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
LEIGH ANN RYAN

Mailing Address 141 PARSONAGE RD

City GREENWICH State CT Zip Code 06830

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

Name of Employer NONE 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.462

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 1301 U ST NW APT 234

City WASHINGTON State DC Zip Code 20009

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

Name of Employer GOOGLE Occupation SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.300

Amount of Each Receipt this Period
 50.00

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

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

5250.00

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TRACEY SCHMITT

Mailing Address 3333 N ST NW APT 3

City WASHINGTON State DC Zip Code 20007

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

Name of Employer EMERGENT BIOSOLUTIONS Occupation VICE 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
 03 / 11 / 2014

Transaction ID : SA11AI.335

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHARLES N SCHORIN

Mailing Address 90 RIVERSIDE DR APT 12G

City NEW YORK State NY Zip Code 10024

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
 03 / 31 / 2014

Transaction ID : SA11AI.402

Amount of Each Receipt this Period
2600.00

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

Mailing Address PO BOX 699

City TUSLA State OK Zip Code 74101

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 **2500.00**

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

Transaction ID : SA11AI.400

Amount of Each Receipt this Period
2500.00

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

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

5600.00

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

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

FOR LINE NUMBER: PAGE 29 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DANIEL SENOR

Mailing Address 529 5TH AVE 4TH FL

City State Zip Code
NEW YORK NY 10017

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
2600.00

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

Transaction ID : SA11AI.397

Amount of Each Receipt this Period
2600.00

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

Mailing Address 1499 MASSACHUSETTS AVENUE NW

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation
JDA FRONTLINE PUBLIC AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 14 / 2014

Transaction ID : SA11AI.238

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT W SHINN

Mailing Address 9130 RIVER RD.

City State Zip Code
RICHMOND VA 23229

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
 03 / 11 / 2014

Transaction ID : SA11AI.319

Amount of Each Receipt this Period
250.00

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

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

3100.00

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL SIMOFF

Mailing Address **PO BOX 951**

City **NEW VERNON** State **NJ** Zip Code **07976**

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
03 / 24 / 2014

Transaction ID : SA11AI.356

Amount of Each Receipt this Period
2600.00

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

Mailing Address **1 W 81ST ST.**

City **NEW YORK** State **NY** Zip Code **10024**

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
03 / 24 / 2014

Transaction ID : SA11AI.361

Amount of Each Receipt this Period
2600.00

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

Mailing Address **7 LANGFORD PLACE**

City **LONDON** State **NW80L** Zip Code **NW80L**

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

Name of Employer
ELLIOTT ADVISORS UK LTD

Occupation
MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.403

Amount of Each Receipt this Period
2600.00

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

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

7800.00

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

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

FOR LINE NUMBER: PAGE 31 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JENNY SINGER

Mailing Address **7 LANGFORD PLACE**

City **LONDON** State Zip Code **NW80L**

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 Y
03 / 31 / 2014

Transaction ID : SA11AI.458

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
JOHN W SNOW

Mailing Address **122 TEMPSFORD LANE**

City **RICHMOND** State Zip Code **VA 23226**

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

Name of Employer **JWS ASSOCIATES** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11AI.323

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CAROLYN K SNOW

Mailing Address **122 TEMPSFORD LN.**

City **RICHMOND** State Zip Code **VA 23226**

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 Y
03 / 11 / 2014

Transaction ID : SA11AI.324

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 32 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER H SNOW

Mailing Address 3328 GROVE AVE.

City Richmond State VA Zip Code 23221

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
 03 / 14 / 2014

Transaction ID : SA11AI.354

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2105 WESTLAKE AVE. N
UNIT 401

City Seattle State WA Zip Code 98109

FEC ID number of contributing federal political committee. C

Name of Employer AMAZON Occupation PUBLIC RELATIONS

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 / 26 / 2014

Transaction ID : SA11AI.380

Amount of Each Receipt this Period
 500.00

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

Mailing Address 19590 SARATOGA SPRINGS PL.

City Ashburn State VA Zip Code 20147

FEC ID number of contributing federal political committee. C

Name of Employer WILMERHALE, LLP 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
 02 / 24 / 2014

Transaction ID : SA11AI.293

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: PAGE 33 OF 66
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT STEINBERG

Mailing Address 21 VISTA DR.

City GREENWICH State CT Zip Code 06830

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 Y
 03 / 24 / 2014

Transaction ID : SA11AI.362

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
GEORGE T STRONACH III

Mailing Address 1608 STRONWOOD DR N

City WILSON State NC Zip Code 27893

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

Name of Employer NONE Occupation RETIRED

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
 03 / 11 / 2014

Transaction ID : SA11AI.322

Amount of Each Receipt this Period
500.00

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

Mailing Address 1606 STRONWOOD DR. N

City WILSON State NC Zip Code 27893

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 Y
 02 / 03 / 2014

Transaction ID : SA11AI.245

Amount of Each Receipt this Period
500.00

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

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

3600.00

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSHUA SWIDLER

Mailing Address 68 SEWALL ROAD

City State Zip Code
WOLFESBORO NH 03894

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

Name of Employer Occupation
ELLIOT PORTFOLIO MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.457

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
CHARLES F TYSON JR

Mailing Address 4507 W FAIRWAY DR

City State Zip Code
NEW BERN NC 28562

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

Name of Employer Occupation
TYSON AND HOOKS REALTY INC 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
 02 / 20 / 2014

Transaction ID : SA11AI.270

Amount of Each Receipt this Period
250.00

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

Mailing Address 2140 ST ANDREWS CR

City State Zip Code
BETTENDORF IA 52722

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

Name of Employer Occupation
HEART OF AMERICA GROUP OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.393

Amount of Each Receipt this Period
600.00

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

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

3450.00

**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 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARY WHALEN

Mailing Address **2140 ST ANDREWS CR**

City **BETTENDORF** State **IA** Zip Code **52722**

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
400.00

Date of Receipt
 / /

Transaction ID : SA11AI.394

Amount of Each Receipt this Period
400.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

400.00

111385.54

**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 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
TAYLOR GRIFFIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HILTON WORLDWIDE POLITICAL ACTION COMMITTEE

Mailing Address 7930 JONES BRANCH DRIVE, STE 1100

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C** C00213074

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11C.307

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

Mailing Address 8700 WEST BRYN MAWR SUITE 1200S

City State Zip Code
CHICAGO IL 60631

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11C.364

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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3500.00

3500.00

**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 37 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BEST BUY		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 3140 EVANS ST		Amount of Each Disbursement this Period 395.83 Transaction ID : SB17.305
City GREENVILLE State NC Zip Code 27834	Purpose of Disbursement OFFICE EQUIPMENT Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CAMPAIGN GENERAL		Date of Disbursement MM / DD / YYYY 01 / 22 / 2014
Mailing Address PO BOX 2057		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.248
City BEAUFORT State NC Zip Code 28516	Purpose of Disbursement STRATEGY CONSULTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CAMPAIGN GENERAL		Date of Disbursement MM / DD / YYYY 01 / 22 / 2014
Mailing Address PO BOX 2057		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.275
City BEAUFORT State NC Zip Code 28516	Purpose of Disbursement STRATEGY CONSULTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	20395.83
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 38 OF 66			
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAMPAIGN GENERAL		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address PO BOX 2057		Amount of Each Disbursement this Period 4320.05 Transaction ID : SB17.260
City BEAUFORT	State NC	
Zip Code 28516	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CAMPAIGN GENERAL		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address PO BOX 2057		Amount of Each Disbursement this Period 16524.92 Transaction ID : SB17.314
City BEAUFORT	State NC	
Zip Code 28516	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CARTER PUBLISHING COMPANY		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 300 EAST MOUNTAIN STREET		Amount of Each Disbursement this Period 520.20 Transaction ID : SB17.423
City KERNERSVILLE	State NC	
Zip Code 27284	Purpose of Disbursement PRINTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	21365.17
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 39 OF 66			
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CRAVEN COUNTY REPUBLICAN PARTY			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address PO BOX 13466			Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.256
City NEW BERN	State NC	Zip Code 28561	
Purpose of Disbursement EVENT TICKETS	Category/ Type 001		
Candidate Name CRAVEN COUNTY REPUBLICAN PARTY	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. CRAVEN COUNTY REPUBLICAN PARTY			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address PO BOX 13466			Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.282
City NEW BERN	State NC	Zip Code 28561	
Purpose of Disbursement EVENT TICKETS	Category/ Type 001		
Candidate Name CRAVEN COUNTY REPUBLICAN PARTY	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. ELECTEK			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 4017 WASHINGTON ROAD STE 164			Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.250
City CANNONSBURG	State PA	Zip Code 15317	
Purpose of Disbursement COMPLIANCE SOFTWARE	Category/ Type 001		
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1220.00
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 40 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ELECTEK		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 4017 WASHINGTON ROAD STE 164		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.251
City CANNONSBURG State PA Zip Code 15317	Purpose of Disbursement COMPLIANCE SOFTWARE Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. ELECTEK		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 4017 WASHINGTON ROAD STE 164		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.277
City CANNONSBURG State PA Zip Code 15317	Purpose of Disbursement COMPLIANCE SOFTWARE Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) C. ELECTEK		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 4017 WASHINGTON ROAD STE 164		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.315
City CANNONSBURG State PA Zip Code 15317	Purpose of Disbursement COMPLIANCE SOFTWARE Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2800.00
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 41 OF 66			
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOTELS.COM		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 5400 LBJ FREEWAY SUITE 500		Amount of Each Disbursement this Period 456.84 Transaction ID : SB17.306
City DALLAS State TX Zip Code 75240	Purpose of Disbursement LODGING Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MAJORITY STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 135 PROFESSIONAL DRIVE STE 104		Amount of Each Disbursement this Period 1992.50 Transaction ID : SB17.249
City PONTE VEDRA BEACH State FL Zip Code 32082	Purpose of Disbursement DIRECT MAIL Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FRED MCCUNE		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 608 ANN STREET		Amount of Each Disbursement this Period 435.54 Transaction ID : SB17.391
City BEAUFORT State NC Zip Code 28516	Purpose of Disbursement IN-KIND: EVENT FACILITY RENTAL AND EVENT CATERING Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2884.88
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 42 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NORTH CAROLINA BOARD OF ELECTIONS		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address PO BOX 27255		Amount of Each Disbursement this Period 1740.00 Transaction ID : SB17.281
City RALEIGHT	State NC	
Zip Code 27611	Purpose of Disbursement QUALIFYING FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 1.44 Transaction ID : SB17.424
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX INC		Date of Disbursement MM / DD / YYYY 01 / 15 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 28.75 Transaction ID : SB17.425
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1770.19
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 43 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 14.38 Transaction ID : SB17.426
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 1.44 Transaction ID : SB17.427
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 57.50 Transaction ID : SB17.428
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	73.32
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 44 OF 66			
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 14.38	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.429	
Purpose of Disbursement CC TRANSACTION FEES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. PIRYX INC			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 149.50	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.430	
Purpose of Disbursement CC TRANSACTION FEES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PIRYX INC			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 14.38	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.431	
Purpose of Disbursement CC TRANSACTION FEE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	178.26
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 45 OF 66			
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC			Date of Disbursement MM / DD / YYYY 02 / 06 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 5.75	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.433	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. PIRYX INC			Date of Disbursement MM / DD / YYYY 02 / 09 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 5.75	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.432	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. PIRYX INC			Date of Disbursement MM / DD / YYYY 02 / 10 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 28.75	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.434	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	40.25
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 46 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 1.44 Transaction ID : SB17.435
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.436
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX INC		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 31.63 Transaction ID : SB17.437
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	38.82
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 47 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 57.50	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.438	
Purpose of Disbursement CC TRANSACTION FEES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. PIRYX INC			Date of Disbursement MM / DD / YYYY 02 / 19 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 5.75	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.439	
Purpose of Disbursement CC TRANSACTION FEES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. PIRYX INC			Date of Disbursement MM / DD / YYYY 02 / 21 / 2014	
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 5.75	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.440	
Purpose of Disbursement CC TRANSACTION FEES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	69.00
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 48 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 14.38
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.441
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 7.19
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.442
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX INC		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 169.63
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.443
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	191.20
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 49 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 38.25 Transaction ID : SB17.444
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 14.38 Transaction ID : SB17.445
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 0.86 Transaction ID : SB17.446
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	38.25
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 50 OF 66			
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 29.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement TRANSACTION FEES	Transaction ID : SB17.311
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 149.50
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.447
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 14.38
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Transaction ID : SB17.339
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	192.88
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 51 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC		Date of Disbursement MM / DD / YYYY 03 / 15 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 57.50 Transaction ID : SB17.343
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement MM / DD / YYYY 03 / 16 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 11.50 Transaction ID : SB17.344
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX INC		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 149.50 Transaction ID : SB17.345
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	218.50
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 52 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 149.50 Transaction ID : SB17.346
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 2.88 Transaction ID : SB17.448
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 161.00 Transaction ID : SB17.449
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	313.38
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 53 OF 66			
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 149.50 Transaction ID : SB17.450
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 73.88 Transaction ID : SB17.451
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 150.94 Transaction ID : SB17.452
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	374.32
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 54 OF 66			
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 44.86 Transaction ID : SB17.453
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 2.30 Transaction ID : SB17.454
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PIRYX INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 28.75 Transaction ID : SB17.455
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	75.91
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 55 OF 66			
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIRYX INC			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014		
Mailing Address 144 2ND ST 1ST FLOOR			Amount of Each Disbursement this Period 20.13		
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.456		
Purpose of Disbursement CC TRANSACTION FEES		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014		
Mailing Address 2470 DANIELS BRIDGE RD #121			Amount of Each Disbursement this Period 1500.92		
City ATHENS	State GA	Zip Code 30606	Transaction ID : SB17.252		
Purpose of Disbursement COMPLIANCE CONSULTING		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014		
Mailing Address 2470 DANIELS BRIDGE RD #121			Amount of Each Disbursement this Period 3000.00		
City ATHENS	State GA	Zip Code 30606	Transaction ID : SB17.276		
Purpose of Disbursement COMPLIANCE CONSULTING		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	4521.05
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 56 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. PROFESSIONAL DATA SERVICES

Mailing Address 2470 DANIELS BRIDGE RD #121

City ATHENS State GA Zip Code 30606

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 14 / 2014

Amount of Each Disbursement this Period: 1505.56

Transaction ID : SB17.340

Category/Type: 001

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

Mailing Address 1202 MAIN ST SUITE C

City COLUMBIA State SC Zip Code 29201

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 4000.00

Transaction ID : SB17.253

Category/Type: 001

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

Mailing Address 1202 MAIN ST SUITE C

City COLUMBIA State SC Zip Code 29201

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 6928.98

Transaction ID : SB17.254

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 12434.54

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 57 OF 66			
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PUSH DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1202 MAIN ST SUITE C		Amount of Each Disbursement this Period 661.90 Transaction ID : SB17.255
City COLUMBIA State SC Zip Code 29201	Purpose of Disbursement MEDIA CONSULTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PUSH DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 1202 MAIN ST SUITE C		Amount of Each Disbursement this Period 3979.38 Transaction ID : SB17.278
City COLUMBIA State SC Zip Code 29201	Purpose of Disbursement MEDIA CONSULTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PUSH DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 1202 MAIN ST SUITE C		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.280
City COLUMBIA State SC Zip Code 29201	Purpose of Disbursement MEDIA CONSULTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5641.28
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PUSH DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1202 MAIN ST SUITE C		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.312
City COLUMBIA State SC Zip Code 29201	Purpose of Disbursement MEDIA CONSULTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. KRISTI REIFF		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 223 EVERETT DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.258
City SNEADS FERRY State NC Zip Code 28460	Purpose of Disbursement FINANCIAL CONSULTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. KRISTI REIFF		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 223 EVERETT DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.313
City SNEADS FERRY State NC Zip Code 28460	Purpose of Disbursement FINANCIAL CONSULTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7000.00
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 59 OF 66
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KRISTI REIFF		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 223 EVERETT DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.405
City SNEADS FERRY	State NC	
Zip Code 28460	Purpose of Disbursement FINANCIAL CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DAN RONAYNE		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 2225 N STREET #330		Amount of Each Disbursement this Period 1011.53 Transaction ID : SB17.261
City WASHINGTON	State DC	
Zip Code 20037	Purpose of Disbursement SEE MEMO ENTRIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DOLLAR RENTAL CAR		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 5330 E 31ST ST		Amount of Each Disbursement this Period 393.71 Transaction ID : SB17.465 [MEMO ITEM]
City TUSLA	State OK	
Zip Code 74135	Purpose of Disbursement TRANSPORTATION	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3011.53
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 60 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ENTERPRISE RENTAL		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 600 CORPORATE PARK DRIVE		Amount of Each Disbursement this Period 363.82
City ST LOUIS	State MO Zip Code 63105	
Purpose of Disbursement TRANSPORTATION	Category/Type 002	Transaction ID : SB17.466 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DAN RONAYNE		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 2225 N STREET #330		Amount of Each Disbursement this Period 12000.00
City WASHINGTON	State DC Zip Code 20037	
Purpose of Disbursement STRATEGY CONSULTING	Category/Type 001	Transaction ID : SB17.342
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ROSE STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 631 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 2000.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type 001	Transaction ID : SB17.274
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14000.00
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 61 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROSE STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 631 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.259
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ROSE STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address 631 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 4970.29 Transaction ID : SB17.369
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 3230 DR MARTIN LUTHER KING JR BLVD		Amount of Each Disbursement this Period 435.51 Transaction ID : SB17.418
City NEW BERN State NC Zip Code 28562	Purpose of Disbursement OFFICE EQUIPMENT Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7405.80
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 62 OF 66		
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 3230 DR MARTIN LUTHER KING JR BLVD		Amount of Each Disbursement this Period 128.05 Transaction ID : SB17.420
City NEW BERN State NC Zip Code 28562	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 3230 DR MARTIN LUTHER KING JR BLVD		Amount of Each Disbursement this Period 67.74 Transaction ID : SB17.285
City NEW BERN State NC Zip Code 28562	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 3230 DR MARTIN LUTHER KING JR BLVD		Amount of Each Disbursement this Period 75.03 Transaction ID : SB17.286
City NEW BERN State NC Zip Code 28562	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	270.82
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 63 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 3230 DR MARTIN LUTHER KING JR BLVD		Amount of Each Disbursement this Period 51.22 Transaction ID : SB17.347
City NEW BERN State NC Zip Code 28562	Purpose of Disbursement OFFICE SUPPLIES Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 3230 DR MARTIN LUTHER KING JR BLVD		Amount of Each Disbursement this Period 186.96 Transaction ID : SB17.349
City NEW BERN State NC Zip Code 28562	Purpose of Disbursement OFFICE SUPPLIES Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 1620 OLD CHERRY POINT RD		Amount of Each Disbursement this Period 184.00 Transaction ID : SB17.421
City NEW BERN State NC Zip Code 28560	Purpose of Disbursement POSTAGE Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	422.18
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 64 OF 66	
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 1620 OLD CHERRY POINT RD		Amount of Each Disbursement this Period 60.51
City NEW BERN	State NC	
Zip Code 28560	Purpose of Disbursement POSTAGE	Transaction ID : SB17.422
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 1620 OLD CHERRY POINT RD		Amount of Each Disbursement this Period 11.20
City NEW BERN	State NC	
Zip Code 28560	Purpose of Disbursement POSTAGE	Transaction ID : SB17.283
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 1620 OLD CHERRY POINT RD		Amount of Each Disbursement this Period 59.29
City NEW BERN	State NC	
Zip Code 28560	Purpose of Disbursement POSTAGE	Transaction ID : SB17.284
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	131.00
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 65 OF 66		
	<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)
TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		14		2014
M M	/	D D	/	Y Y Y Y								
03		14		2014								
Mailing Address 1620 OLD CHERRY POINT RD		Amount of Each Disbursement this Period										
City NEW BERN	State NC Zip Code 28560											
Purpose of Disbursement POSTAGE	Category/Type 001	<table border="1"> <tr> <td>58.80</td> </tr> </table>	58.80									
58.80												
Candidate Name	Transaction ID : SB17.348											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B.		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
Mailing Address		Amount of Each Disbursement this Period										
City	State Zip Code											
Purpose of Disbursement	Category/Type	<table border="1"> <tr> <td></td> </tr> </table>										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C.		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
Mailing Address		Amount of Each Disbursement this Period										
City	State Zip Code											
Purpose of Disbursement	Category/Type	<table border="1"> <tr> <td></td> </tr> </table>										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>58.80</td> </tr> </table>	58.80
58.80		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td>107137.16</td> </tr> </table>	107137.16
107137.16		

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.221

TAYLOR GRIFFIN FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

WILLIAM T GRIFFIN

Primary

General

Other (specify) ▼

Mailing Address

6113 HARBOURSIDE DRIVE

City

State

ZIP Code

NEW BERN

NC

28560

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7500.00

0.00

7500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 31 D /

Y 2013 Y

M M /

D D /

Y 12/31/2027 Y

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

7500.00

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

7500.00

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