

15 APR 22 PH 2:05

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF SHAK HILL

ADDRESS (number and street)

PO BOX 486

Check if different than previously reported. (ACC)

CENTREVILLE

VA

20122

2. FEC IDENTIFICATION NUMBER ▼

C00546705

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR

AMENDED (A)

VA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)

Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM/DD/YYYY

YE

in the State of

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



General (30G)



Runoff (30R)

Special (30S)

Election on

MM/YYYY

YE

in the State of

5. Covering Period

MM 01

DD 01

YYYY 2015

through

MM 03

DD 31

YYYY 2015

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 Robin Hill

Signature of Treasurer

Robin Hill

Robin Hill

Date

MM 04

DD 15

YYYY 2015

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)

15020163420

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF SHAK HILL

Report Covering the Period: From:

M	01
---	----

 /

D	01
---	----

 /

Y	2015
---	------

 To:

M	03
---	----

 /

D	31
---	----

 /

Y	2015
---	------

	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)) ..	1302.76	1402.76
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	1302.76	1402.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	1582.34	2083.24
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	58.06
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	1582.34	2025.18
8. Cash on Hand at Close of Reporting Period (from Line 27)...		
	13314.94	
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) ...		
	119727.60	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

15020163421

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

FRIENDS OF SHAK HILL

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2015

To:

MM / DD / YYYY
03 / 31 / 2015

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)...	720.00	720.00
(ii) Unitemized	582.76	682.76
(iii) TOTAL of contributions from individuals	1302.76	1402.76
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1302.76	1402.76
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	0.00	58.06
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)...	1302.76	1460.82

15020163422

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	1582.34	2083.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	0.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ...	100.00	100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1682.34	2183.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ...	13694.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	1302.76
25. SUBTOTAL (add Line 23 and Line 24) ...	14997.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	1682.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	13314.94

15020163423

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

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

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) Robert Keeler		Date of Receipt 03 / 18 / 2015
Mailing Address 18120 Southern Cross Lane		Transaction ID : SA11AI.6498
City Beaverdam	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 720.00
Name of Employer None	Occupation Retired	Debt Retirement
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 720.00	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Transaction ID
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	Debt Retirement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Transaction ID
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	Debt Retirement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	720.00
TOTAL This Period (last page this line number only).....	720.00

15020165424

**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 6 OF 14
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) A. Tyler Business Services		Date of Disbursement MM DD / YYYY 03 09 / 2015
Mailing Address 313 Hooffs Run Dr		Amount of Each Disbursement this Period 772.74 Transaction ID : SB17.6511
City Alexandria	State VA	
Purpose of Disbursement Printing	Zip Code 22314	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. Vertical Response		Date of Disbursement MM DD / YYYY 01 22 / 2015
Mailing Address 50 Beale St 10th Fl		Amount of Each Disbursement this Period 128.00 Transaction ID : SB17.6519
City San Francisco	State CA	
Purpose of Disbursement E-mail Marketing	Zip Code 94105	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. Vertical Response		Date of Disbursement MM DD / YYYY 02 23 / 2015
Mailing Address 50 Beale St 10th Fl		Amount of Each Disbursement this Period 128.00 Transaction ID : SB17.6515
City San Francisco	State CA	
Purpose of Disbursement E-mail Marketing	Zip Code 94105	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).....	1028.74
TOTAL This Period (last page this line number only).....	

15020163425

**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 7 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)		Date of Disbursement															
A. Vertical Response		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>03</td><td></td><td>23</td><td></td><td>2015</td><td></td><td></td> </tr> </table>		M	M	D	D	Y	Y	Y	03		23		2015		
M	M	D	D	Y	Y	Y											
03		23		2015													
Mailing Address 50 Beale St 10th Fl		Amount of Each Disbursement this Period															
City San Francisco State CA Zip Code 94105		128.00															
Purpose of Disbursement E-mail Marketing		Transaction ID : SB17.6504															
Candidate Name		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)		Date of Disbursement															
B.		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M	D	D	Y	Y	Y							
M	M	D	D	Y	Y	Y											
Mailing Address		Amount of Each Disbursement this Period															
City State Zip Code																	
Purpose of Disbursement		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)		Date of Disbursement															
C.		<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M	D	D	Y	Y	Y							
M	M	D	D	Y	Y	Y											
Mailing Address		Amount of Each Disbursement this Period															
City State Zip Code																	
Purpose of Disbursement		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).....	128.00
TOTAL This Period (last page this line number only).....	1156.74

15020163426

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : **SC/10.4638**

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

SHAK HILL

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 486

City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	200.00	4800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 D 09 Y 2013	M D Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

4800.00

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

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

15020163427

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/10.4102

FRIENDS OF SHAK HILL

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

[PERSONAL FUNDS]

Election: 2014

SHAK HILL

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 486

City

State

ZIP Code

CENTREVILLE

VA

20122

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

37520.00

0.00

37520.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

11

2013

12/31/2014

0.00

% (apr)

Yes

No

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

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

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)...

37520.00

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

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

15020163428

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/10.4103

FRIENDS OF SHAK HILL

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

[PERSONAL FUNDS]

Election: 2014

SHAK HILL

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 486

City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22915.00	0.00	22915.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 ^M 18 ^D 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	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)... 22915.00

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

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

15020163429

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : **SC/10.4104**

LOAN SOURCE Full Name (Last, First, Middle Initial) SHAK HILL	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 486		

City	State	ZIP Code
CENTREVILLE	VA	20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22530.00	0.00	22530.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	09 M 24 D 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	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)...	22530.00
TOTALS This Period (last page in this line only) ..	

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

15020163450

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : **SC/10.4105**

LOAN SOURCE Full Name (Last, First, Middle Initial)		[PERSONAL FUNDS]	Election: 2014
SHAK HILL			<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 486			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	
CENTREVILLE	VA	20122	
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period	
17135.00	0.00	17135.00	

TERMS			
Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 30 / Y 2013	D D / Y Y / M M 12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	17135.00
TOTALS This Period (last page in this line only) ..	▶	104900.00

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

15020163431

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 14
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robin Hill	Nature of Debt (Purpose): Non-Travel Advance
Mailing Address 6501 Flowerdew Hundred Court	
City State Zip Code Centreville VA 20120	

Outstanding Balance Beginning This Period 300.00	Transaction ID : SD10.4338
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 300.00
Payment This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SHAK HILL	Nature of Debt (Purpose): Accrued Mileage to be reimbursed
Mailing Address PO BOX 486	
City State Zip Code CENTREVILLE VA 20122	

Outstanding Balance Beginning This Period 3628.30	Transaction ID : SD10.6241
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 3628.30
Payment This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SHAK HILL	Nature of Debt (Purpose): Accrued Mileage to be reimbursed
Mailing Address . PO BOX 486	
City State Zip Code CENTREVILLE VA 20122	

Outstanding Balance Beginning This Period 3633.10	Transaction ID : SD10.6242
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 3633.10
Payment This Period 0.00	

1) SUBTOTALS This Period This Page (optional) ...	7561.40
2) TOTALS This Period (last page this line number only) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

15020163432

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SHAK HILL	Nature of Debt (Purpose): Accrued Mileage to be reimbursed
Mailing Address PO BOX 486	
City CENTREVILLE State VA Zip Code 20122	

Outstanding Balance Beginning This Period 3643.90	Transaction ID : SD10.6243
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 3643.90
Payment This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SHAK HILL	Nature of Debt (Purpose): Accrued Mileage to be reimbursed
Mailing Address PO BOX 486	
City CENTREVILLE State VA Zip Code 20122	

Outstanding Balance Beginning This Period 3622.30	Transaction ID : SD10.6244
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 3622.30
Payment This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period	
Payment This Period	

1) SUBTOTALS This Period This Page (optional) ...	7266.20
2) TOTALS This Period (last page this line number) ...	14827.60
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	104900.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	119727.60

15020163433

HAK HILL
Restore America
P.O. Box 486
Hireville, VA 20122



Office of Public Records

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232 Short Senate Office Bldg

Washington, DC 20510-7116

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United States Senate

OFFICE OF THE SECRETARY

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THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL 4/22/15 X
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

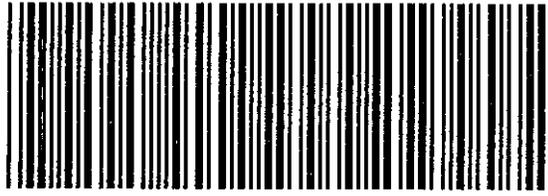
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

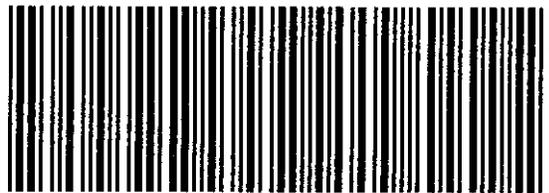
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 4-22-15

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