

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Amy Tavio

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))....	26121.22	26121.22
(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)).....	26121.22	26121.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22978.64	22978.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	22978.64	22978.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4642.14	
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).....	1499.56	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Amy Tavio

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).....	16682.08	16682.08
(ii) Unitemized.....	9439.14	9439.14
(iii) TOTAL of contributions from individuals ▶	26121.22	26121.22
(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))..	26121.22	26121.22
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2084.17	2084.17
(b) All Other Loans.....	350.00	350.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2434.17	2434.17
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	28555.39	28555.39

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22978.64	22978.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	584.61	584.61
(b) Of All Other Loans	350.00	350.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	934.61	934.61
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	23913.25	23913.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28555.39
25. SUBTOTAL (add Line 23 and Line 24).....	28555.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23913.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4642.14

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

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

FOR LINE NUMBER: PAGE 5 OF 40
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Pinney L. Allen

Mailing Address 420 Valley Rd NW

City Atlanta State GA Zip Code 30305-1029

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

Name of Employer Atlanta Girls School Occupation Head of School

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 / 27 / 2014

Transaction ID : VNJ0PCFSHG6

Amount of Each Receipt this Period
 500.00

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

Mailing Address 938 Moss Dr

City Savannah State GA Zip Code 31410-2710

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

Name of Employer SCAD Occupation College Teacher

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 / 17 / 2014

Transaction ID : VNJ0PCJKRE5

Amount of Each Receipt this Period
 10.00

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

Mailing Address 938 Moss Dr

City Savannah State GA Zip Code 31410-2710

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

Name of Employer SCAD Occupation College Teacher

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 / 28 / 2014

Transaction ID : VNJ0PCAWJ08

Amount of Each Receipt this Period
 500.00

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

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

1010.00

**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 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

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

Mailing Address 938 Moss Dr

City Savannah State GA Zip Code 31410-2710

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

Name of Employer SCAD Occupation College Teacher

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 : VNJ0PCH2DJ7

Amount of Each Receipt this Period
 50.00

560.00

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

Mailing Address PO Box 732

City Richmond Hill State GA Zip Code 31324-0732

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

Name of Employer OTS Occupation Property management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 29 / 2014

Transaction ID : VNJ0PC3HTA2

Amount of Each Receipt this Period
 400.00

400.00

C. Full Name (Last, First, Middle Initial)
Jesse E Brogdon

Mailing Address PO Box 732

City Richmond Hill State GA Zip Code 31324-0732

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

Name of Employer self Occupation property management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 11 / 2014

Transaction ID : VNJ0PC2QT63

Amount of Each Receipt this Period
 200.00

300.00

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

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

650.00

**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 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Jesse E Brogdon

Mailing Address **PO Box 732**

City **Richmond Hill** State **GA** Zip Code **31324-0732**

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

Name of Employer self Occupation **property management**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : VNJ0PC2QFM9

Amount of Each Receipt this Period
100.00

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

Mailing Address **7180 Harris Farm Dr
Apt 306**

City **Chagrin Falls** State **OH** Zip Code **44023-1170**

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

Name of Employer retired Occupation **homemaker**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

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

Transaction ID : VNJ0PCANQV5

Amount of Each Receipt this Period
400.00

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

Mailing Address **14 Sherwood Ct**

City **Krugerville** State **TX** Zip Code **76227-9596**

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

Name of Employer **Aubrey Pharmacy** Occupation **Pharmacist**

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 / 28 / 2014

Transaction ID : VNJ0PC3F4D1

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Herbert Dangerfield

Mailing Address 3815 Paces Ferry Rd NW

City Atlanta State GA Zip Code 30327-3005

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

Name of Employer Carey Atlanta Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : VNJ0PCG0TQ6

Amount of Each Receipt this Period
 500.00

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

Mailing Address 624 N L St

City Lake Worth State FL Zip Code 33460-3030

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

Name of Employer Gratitude Training LLC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 29 / 2014

Transaction ID : VNJ0PC3NZD5

Amount of Each Receipt this Period
 500.00

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

Mailing Address 587 Virginia Ave NE Apt 1009

City Atlanta State GA Zip Code 30306-5101

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

Name of Employer Georgia's Win List Occupation Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : VNJ0PCG69C0

Amount of Each Receipt this Period
 250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 9 OF 40
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Steve Gordon

Mailing Address 49 Islanders Retreat

City Savannah State GA Zip Code 31411-2941

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

Name of Employer retired Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
499.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2014

Transaction ID : VNJ0PC3YM92

Amount of Each Receipt this Period
100.00

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

Mailing Address 49 Islanders Retreat

City Savannah State GA Zip Code 31411-2941

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

Name of Employer retired Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
499.00

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

Transaction ID : VNJ0PCAWHM3

Amount of Each Receipt this Period
250.00

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

Mailing Address 49 Islanders Retreat

City Savannah State GA Zip Code 31411-2941

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

Name of Employer retired Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
499.00

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

Transaction ID : VNJ0PCAWJ65

Amount of Each Receipt this Period
149.00

* In-Kind: Food and Beverages

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

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

499.00

**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 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

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

Mailing Address 113 E Commons Dr

City State Zip Code
Saint Simons Island GA 31522-9780

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 / 24 / 2014

Transaction ID : VNJ0PCG6QE7

Amount of Each Receipt this Period
250.00

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

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Information Requested Occupation Information Requested
Retired Fisherman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 23 / 2014

Transaction ID : VNJ0PC2QSH7

Amount of Each Receipt this Period
500.00

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

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Information Requested Occupation Information Requested
Retired Fisherman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : VNJ0PC82BQ6

Amount of Each Receipt this Period
25.00

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

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

775.00

**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 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Alan Hupper

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
Retired Fisherman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

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

Transaction ID : VNJ0PCA1095

Amount of Each Receipt this Period
25.00

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

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
Retired Fisherman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

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

Transaction ID : VNJ0PCB60F6

Amount of Each Receipt this Period
50.00

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

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
Retired Fisherman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

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

Transaction ID : VNJ0PCGJEZ5

Amount of Each Receipt this Period
100.00

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 12 OF 40
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Leslie Hupper

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
297.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : VNJ0PC39WV5

Amount of Each Receipt this Period
25.00

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

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
297.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : VNJ0PC3FG22

Amount of Each Receipt this Period
10.00

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

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
297.00

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

Transaction ID : VNJ0PC5EVE4

Amount of Each Receipt this Period
50.00

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

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

85.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Leslie Hupper

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
297.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : VNJ0PC7N1Y6

Amount of Each Receipt this Period
20.00

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

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
297.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : VNJ0PC7N227

Amount of Each Receipt this Period
30.00

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

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
297.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : VNJ0PC82CF3

Amount of Each Receipt this Period
12.00

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

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

62.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Leslie Hupper

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
297.00

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

Transaction ID : VNJ0PCA0HB0

Amount of Each Receipt this Period
50.00

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

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
297.00

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

Transaction ID : VNJ0PCAX2D3

Amount of Each Receipt this Period
50.00

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

Mailing Address 2 Barksdale Ct

City State Zip Code
Hilton Head Island SC 29926-1330

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
297.00

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

Transaction ID : VNJ0PCGJNM4

Amount of Each Receipt this Period
50.00

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

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

150.00

**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 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

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

Mailing Address 1557 Wesley Pkwy NW

City Atlanta State GA Zip Code 30327-1800

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

Name of Employer LUC Media Group Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : VNJ0PCFBSS3

Amount of Each Receipt this Period
250.00

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

Mailing Address 624 N L St

City Lake Worth State FL Zip Code 33460

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

Name of Employer Gratitude Training LLC Occupation Director of Grad 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 Y Y
 01 / 29 / 2014

Transaction ID : VNJ0PC3NZ60

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
William H. (Bill) Lucas

Mailing Address PO Box 1089

City Richmond Hill State GA Zip Code 31324-1089

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

Name of Employer Bill Lucas Insurance Occupation Insurance Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : VNJ0PC72QZ0

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: PAGE 16 OF 40
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Lisa Maxwell

Mailing Address **24 Yale Dr**

City **Lake Worth** State **FL** Zip Code **33460-6359**

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

Name of Employer **Broward Principals & Assistants** Occupation **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
01 / 29 / 2014

Transaction ID : VNJ0PC3GF10

Amount of Each Receipt this Period
250.00

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

Mailing Address **24 Yale Dr**

City **Lake Worth** State **FL** Zip Code **33460-6359**

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

Name of Employer **Broward Principals & Assistants** Occupation **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
02 / 12 / 2014

Transaction ID : VNJ0PC7VMS2

Amount of Each Receipt this Period
250.00

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

Mailing Address **64 Stonelake Cir**

City **Savannah** State **GA** Zip Code **31419-9683**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
756.08

Date of Receipt
 M M / D D / Y Y Y Y
01 / 23 / 2014

Transaction ID : VNJ0PC2QPF5

Amount of Each Receipt this Period
100.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

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

Mailing Address 64 Stonelake Cir

City Savannah State GA Zip Code 31419-9683

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **756.08**

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

Transaction ID : VNJ0PC70RS0

Amount of Each Receipt this Period
100.00

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

Mailing Address 64 Stonelake Cir

City Savannah State GA Zip Code 31419-9683

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **756.08**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : VNJ0PC832V5

Amount of Each Receipt this Period
100.00

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

Mailing Address 64 Stonelake Cir

City Savannah State GA Zip Code 31419-9683

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **756.08**

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

Transaction ID : VNJ0PCE9319

Amount of Each Receipt this Period
456.08

* In-Kind: Philly Purchased 1000 Buttons for Amy

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

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

656.08

**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 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Bennett Minton

Mailing Address 3616 7th St S

City State Zip Code
Arlington VA 22204-1577

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

Name of Employer Occupation
KPNG LLP Congressional Policy Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 11 / 2014

Transaction ID : VNJ0PC2QVA8

Amount of Each Receipt this Period
200.00

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

Mailing Address 3616 7th St S

City State Zip Code
Arlington VA 22204-1577

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

Name of Employer Occupation
KPNG LLP Congressional Policy Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : VNJ0PC8VX80

Amount of Each Receipt this Period
100.00

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

Mailing Address 5 Howley Ln

City State Zip Code
Savannah GA 31411-1411

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : VNJ0PCAWHK5

Amount of Each Receipt this Period
250.00

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

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

550.00

**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 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Zachary Prusoff

Mailing Address 1373 Clearbrook St

City Sebastian State FL Zip Code 32958-6142

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

Name of Employer Self Occupation Licensed Massage Therapist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 420.00

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

Transaction ID : VNJ0PC5ZZ33

Amount of Each Receipt this Period
 420.00

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

Mailing Address 6910 N Kendall Dr
 FI 2

City Miami State FL Zip Code 33156-1521

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

Name of Employer Reyes Miller, P.L. 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 / 10 / 2014

Transaction ID : VNJ0PC759N5

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4 Schroeder Ct

City Savannah State GA Zip Code 31411-1326

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

Name of Employer Self Occupation Chef

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 / 11 / 2014

Transaction ID : VNJ0PC79DN5

Amount of Each Receipt this Period
 50.00

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

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

720.00

**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 20 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Donna Shea

Mailing Address 4 Schroeder Ct

City Savannah State GA Zip Code 31411-1326

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

Name of Employer Self Occupation Chef

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 : VNJ0PCAWHP9

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Nancy K Silver

Mailing Address 8345 Royal Troon Dr

City Duluth State GA Zip Code 30097-1682

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

Name of Employer Housewife Occupation Housewife

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 / 19 / 2014

Transaction ID : VNJ0PCHD7A6

Amount of Each Receipt this Period
2600.00

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

Mailing Address PO Box 1781

City Smyrna State GA Zip Code 30081-1781

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

Name of Employer Georgia General Assembly Occupation Former State Senator

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 / 27 / 2014

Transaction ID : VNJ0PCG6SK0

Amount of Each Receipt this Period
500.00

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

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

3300.00

**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 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Mark Andrew Tate

Mailing Address **2 E Bryan St**
Ste 600

City **Savannah** State **GA** Zip Code **31401-2638**

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

Name of Employer **Tate Law Group, LLC** Occupation **Attorney**

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 / 14 / 2014

Transaction ID : VNJ0PCDDCT4

Amount of Each Receipt this Period
2600.00

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

Mailing Address **300 Bull St**
Apt 702

City **Savannah** State **GA** Zip Code **31401-4342**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : VNJ0PCH7H20

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Keith J. Vadas

Mailing Address **5958 Sierra Ridge Dr SE**

City **Caledonia** State **MI** Zip Code **49316-9152**

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

Name of Employer **Tamarack, Inc.** Occupation **Principal, Consulting Engineer, Electr**

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 / 25 / 2014

Transaction ID : VNJ0PC35KY0

Amount of Each Receipt this Period
250.00

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

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

3150.00

**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 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Craig A Wood

Mailing Address 6526 S Kanner Hwy
300

City Stuart State FL Zip Code 34997-6396

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

Name of Employer B & L RENTALS, LLC Occupation President

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 / 18 / 2014

Transaction ID : VNJ0PCE7ZE7

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
David J. Worley

Mailing Address 107 Regents Sq

City Peachtree City State GA Zip Code 30269-4279

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

Name of Employer Harris Penn Lowry LLP Occupation Attorney

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 / 27 / 2014

Transaction ID : VNJ0PCFRMH3

Amount of Each Receipt this Period
 500.00

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).....

800.00

16682.08

**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 40
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Amy L Tavio

Mailing Address 95 Balfour Dr

City Richmond Hill State GA Zip Code 31324-7330

FEC ID number of contributing federal political committee. **C** H4GA01112

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2084.17

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

Transaction ID : VNJ0PCJP3S1

Amount of Each Receipt this Period
2084.17

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

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
 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).....

2084.17

2084.17

**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 40
	<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	

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

A. Full Name (Last, First, Middle Initial)
Marc Silver

Mailing Address 8345 Royal Troon Dr

City Duluth State GA Zip Code 30097-1682

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
350.00

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

Transaction ID : VNJ0PCJP3V7

Amount of Each Receipt this Period
350.00

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

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
 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).....

350.00

350.00

**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 25 OF 40	
	<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 Amy Tavio

Full Name (Last, First, Middle Initial) A. Tim Alborg		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address 3215 Rehoboth Dr		Amount of Each Disbursement this Period 1000.00 Transaction ID : VNH1E9RX8C3
City Decatur	State GA	
Zip Code 30033-3340	Purpose of Disbursement Compensation	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Tim Alborg		Date of Disbursement MM / DD / YYYY 03 / 20 / 2014
Mailing Address 3215 Rehoboth Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : VNH1E9RX8D1
City Decatur	State GA	
Zip Code 30033-3340	Purpose of Disbursement Compensation	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Camden Printing		Date of Disbursement MM / DD / YYYY 01 / 17 / 2014
Mailing Address 2402 Osborne Rd		Amount of Each Disbursement this Period 276.92 Transaction ID : VNH1E9QV6P0
City Saint Marys	State GA	
Zip Code 31558-9190	Purpose of Disbursement Bumper Stickers, Business Cards	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1776.92
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 26 OF 40	
	<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 Amy Tavio

Full Name (Last, First, Middle Initial) A. Camden Printing		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2402 Osborne Rd		Amount of Each Disbursement this Period 6508.57
City Saint Marys	State GA	
Zip Code 31558-9190	Purpose of Disbursement Campaign Cards	Transaction ID : VNH1E9RT2M9
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Carrollton Printing		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 214 Brumbelow Rd		Amount of Each Disbursement this Period 1123.25
City Carrollton	State GA	
Zip Code 30117-2744	Purpose of Disbursement Signs	Transaction ID : VNH1E9RWZN4
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Democratic Party of Georgia		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 763 Trabert Ave NW		Amount of Each Disbursement this Period 5220.00
City Atlanta	State GA	
Zip Code 30318-4245	Purpose of Disbursement Qualifying Fee	Transaction ID : VNH1E9RWZJ2
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6508.57
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 27 OF 40	
	<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 Amy Tavio

Full Name (Last, First, Middle Initial) A. Democratic Party of Georgia		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 763 Trabert Ave NW		Amount of Each Disbursement this Period 10.00 Transaction ID : VNH1E9RT284
City Atlanta State GA Zip Code 30318-4245	Purpose of Disbursement Map Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Direct Connect		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 3901 Centerview Dr Ste W		Amount of Each Disbursement this Period 166.65 Transaction ID : VNH1E9RX8V1
City Chantilly State VA Zip Code 20151-3229	Purpose of Disbursement Credit Card Processsing Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Direct Connect		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 3901 Centerview Dr Ste W		Amount of Each Disbursement this Period 20.00 Transaction ID : VNH1E9RX8Q0
City Chantilly State VA Zip Code 20151-3229	Purpose of Disbursement Credit Card Processsing Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	196.65
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 28 OF 40	
	<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 Amy Tavio

A. Direct Connect

Full Name (Last, First, Middle Initial)
Mailing Address 3901 Centerview Dr
Ste W

City Chantilly State VA Zip Code 20151-3229

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 03 / 2014

Amount of Each Disbursement this Period
202.99

Transaction ID : VNH1E9RX8S6

Category/Type
012

B. DMS Property Management

Full Name (Last, First, Middle Initial)
Mailing Address 10221 Ford Ave
Ste 1

City Richmond Hill State GA Zip Code 31324-0259

Purpose of Disbursement
Deposit

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 31 / 2014

Amount of Each Disbursement this Period
1200.00

Transaction ID : VNH1E9QV7F7

Category/Type
001

c. DMS Property Management

Full Name (Last, First, Middle Initial)
Mailing Address 10221 Ford Ave
Ste 1

City Richmond Hill State GA Zip Code 31324-0259

Purpose of Disbursement
February Rent

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 31 / 2014

Amount of Each Disbursement this Period
1200.00

Transaction ID : VNH1E9QV7H3

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 2602.99

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 29 OF 40			
	<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 Amy Tavio

Full Name (Last, First, Middle Initial) A. Charles Feagin		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 314 Chevis Rd		Amount of Each Disbursement this Period 148.33 Transaction ID : VNH1E9Q2Z86
City Savannah	State GA Zip Code 31419-9783	
Purpose of Disbursement Gas and Business Cards	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Camden Printing		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 2402 Osborne Rd		Amount of Each Disbursement this Period 97.91 Transaction ID : VNH1E9Q2ZA2
City Saint Marys	State GA Zip Code 31558-9190	
Purpose of Disbursement Business Cards	Category/Type 006	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial) c. Charles Feagin		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 314 Chevis Rd		Amount of Each Disbursement this Period 1500.00 Transaction ID : VNH1E9QRMH8
City Savannah	State GA Zip Code 31419-9783	
Purpose of Disbursement Compensation	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1648.33
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 30 OF 40		
	<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 Amy Tavio

Full Name (Last, First, Middle Initial) A. Charles Feagain		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 314 Chevis Rd		Amount of Each Disbursement this Period 150.00 Transaction ID : VNH1E9R26P6
City Savannah	State GA Zip Code 31419-9783	
Purpose of Disbursement Compensation	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Charles Feagain		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 314 Chevis Rd		Amount of Each Disbursement this Period 100.00 Transaction ID : VNH1E9RT361
City Savannah	State GA Zip Code 31419-9783	
Purpose of Disbursement Compensation	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Charles Feagain		Date of Disbursement MM / DD / YYYY 03 / 07 / 2014
Mailing Address 314 Chevis Rd		Amount of Each Disbursement this Period 150.00 Transaction ID : VNH1E9RT379
City Savannah	State GA Zip Code 31419-9783	
Purpose of Disbursement Compensation	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	400.00
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 31 OF 40			
	<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 Amy Tavio

Full Name (Last, First, Middle Initial) A. Charles Feagain		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 314 Chevis Rd		Amount of Each Disbursement this Period 300.00 Transaction ID : VNH1E9RT387
City Savannah	State GA Zip Code 31419-9783	
Purpose of Disbursement Compensation	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Charles Feagain		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 314 Chevis Rd		Amount of Each Disbursement this Period 300.00 Transaction ID : VNH1E9RT394
City Savannah	State GA Zip Code 31419-9783	
Purpose of Disbursement Compensation	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Charles Feagain		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 314 Chevis Rd		Amount of Each Disbursement this Period 100.00 Transaction ID : VNH1E9RT3A2
City Savannah	State GA Zip Code 31419-9783	
Purpose of Disbursement Compensation	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	700.00
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 32 OF 40	
	<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 Amy Tavio

Full Name (Last, First, Middle Initial) A. Charles Feagain		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 314 Chevis Rd		Amount of Each Disbursement this Period 250.00 Transaction ID : VNH1E9RT3B0
City Savannah State GA Zip Code 31419-9783	Purpose of Disbursement Compensation Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Steve Gordon		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 49 Islanders Retreat		Amount of Each Disbursement this Period 149.00 Transaction ID : VNJ0PCAWJ65I
City Savannah State GA Zip Code 31411-2941	Purpose of Disbursement Food and Beverages Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

* In-Kind Received

Full Name (Last, First, Middle Initial) c. Magnolia Grill Catering		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 2457 Hwy 17 South		Amount of Each Disbursement this Period 449.40 Transaction ID : VNH1E9R0YZ0
City Richmond Hill State GA Zip Code 31324-3397	Purpose of Disbursement Catering Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	848.40
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 33 OF 40	
	<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 Amy Tavio

Full Name (Last, First, Middle Initial) A. Megan Myrick Photography		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 14 Salt Grass Cir		Amount of Each Disbursement this Period 264.83
City Richmond Hill	State GA Zip Code 31324-5478	
Purpose of Disbursement Photography	Category/Type 004	Transaction ID : VNH1E9QV6Y3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Phillip Meyers		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 64 Stonelake Cir		Amount of Each Disbursement this Period 456.08
City Savannah	State GA Zip Code 31419-9683	
Purpose of Disbursement Philly Purchased 1000 Buttons for Amy	Category/Type	Transaction ID : VNJ0PCE9319I
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1000.00
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Website and Data Backend	Category/Type 006	Transaction ID : VNH1E9RX068
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1720.91
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 34 OF 40			
	<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 Amy Tavio

Full Name (Last, First, Middle Initial) A. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1700.00 Transaction ID : VNH1E9RX076
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Website and Data Backend Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LISA Ring		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 1501 Belfast River Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : VNH1E9QRMF2
City Richmond Hill State GA Zip Code 31324-5723	Purpose of Disbursement Compensation Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Savannah Trade and Convention Center		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address One International Drive P.O. Box 248		Amount of Each Disbursement this Period 300.00 Transaction ID : VNH1E9Q2Z53
City Savannah State GA Zip Code 31421-7004	Purpose of Disbursement Facility Costs Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2500.00
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 35 OF 40			
	<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 Amy Tavio

Full Name (Last, First, Middle Initial) A. Marc Silver		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 8345 Royal Troon Dr		Amount of Each Disbursement this Period 750.00 Transaction ID : VNH1E9R26Q4
City Duluth	State GA	
Purpose of Disbursement Compensation		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Marc Silver		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 8345 Royal Troon Dr		Amount of Each Disbursement this Period 250.00 Transaction ID : VNH1E9R26R2
City Duluth	State GA	
Purpose of Disbursement Compensation		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Marc Silver		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 8345 Royal Troon Dr		Amount of Each Disbursement this Period 70.20 Transaction ID : VNH1E9RWZQ0
City Duluth	State GA	
Purpose of Disbursement Reimbursement for Invitations		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	1070.20
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 36 OF 40			
	<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 Amy Tavio

Full Name (Last, First, Middle Initial) A. Marc Silver		Date of Disbursement MM / DD / YYYY 03 / 17 / 2014
Mailing Address 8345 Royal Troon Dr		Amount of Each Disbursement this Period 1200.00 Transaction ID : VNH1E9RWZT3
City Duluth	State GA	
Purpose of Disbursement March Rent Reimbursement		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. DMS Property Management		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 10221 Ford Ave Ste 1		Amount of Each Disbursement this Period 1200.00 Transaction ID : VNH1E9RWZV1
City Richmond Hill	State GA	
Purpose of Disbursement March Rent		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial) c. Marc Silver		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 8345 Royal Troon Dr		Amount of Each Disbursement this Period 26.00 Transaction ID : VNH1E9RWZY5
City Duluth	State GA	
Purpose of Disbursement Reimbursement for Lunch		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1226.00
TOTAL This Period (last page this line number only).....	21198.97

**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 40	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

Full Name (Last, First, Middle Initial) A. Amy L Tavio		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 95 Balfour Dr		Amount of Each Disbursement this Period 341.43 Transaction ID : VNH1E9RXYG2
City Richmond Hill State GA Zip Code 31324-7330	Purpose of Disbursement Partial Loan Repayment to Candidate	
Candidate Name Amy L Tavio	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Amy L Tavio		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 95 Balfour Dr		Amount of Each Disbursement this Period 223.18 Transaction ID : VNH1E9RXYF4
City Richmond Hill State GA Zip Code 31324-7330	Purpose of Disbursement Partial Loan Repayment to Candidate	
Candidate Name Amy L Tavio	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Amy L Tavio		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 95 Balfour Dr		Amount of Each Disbursement this Period 20.00 Transaction ID : VNH1E9RXYH0
City Richmond Hill State GA Zip Code 31324-7330	Purpose of Disbursement Partial Loan Repayment to Candidate	
Candidate Name Amy L Tavio	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	584.61
TOTAL This Period (last page this line number only).....	584.61

**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 40	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

Full Name (Last, First, Middle Initial) A. Marc Silver		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 8345 Royal Troon Dr		Amount of Each Disbursement this Period 350.00
City Duluth State GA Zip Code 30097-1682	Category/Type	
Purpose of Disbursement Loan Repayment for Qualification		Transaction ID : VNH1E9RXYE6
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
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).....	350.00
TOTAL This Period (last page this line number only).....	350.00

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 Amy Tavio

Transaction ID : VNJ0PCJP3S1L

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

Amy L Tavio

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
95 Balfour Dr

City State ZIP Code
Richmond Hill GA 31324-7330

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2084.17 584.61 1499.56

TERMS

Date Incurred Date Due Interest Rate Secured:
M 01 / D 01 / Y 2014 M M / D D / Y none none % (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)..... 1499.56

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Amy Tavio

Transaction ID : VNJ0PCJP3V7L

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

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
8345 Royal Troon Dr

City State ZIP Code
Duluth GA 30097-1682

Original Amount of Loan 350.00	Cumulative Payment To Date 350.00	Balance Outstanding at Close of This Period 0.00
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TERMS

Date Incurred: M 03 / D 04 / Y 2014
Date Due: M / D / Y none
Interest Rate: none % (apr)
Secured: 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).....	[] 0.00
TOTALS This Period (last page in this line only).....	[] 1499.56

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