

# 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

Norm Mosher for Congress

ADDRESS (number and street) ▼

PO Box 369

Check if different than previously reported. (ACC)

Irvington

VA

22480

2. **FEC IDENTIFICATION NUMBER** ▼

C C00564617

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

VA

01

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  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Samantha C Van Saun

Signature of Treasurer Samantha C Van Saun

*[Electronically Filed]*

Date

/  /

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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Norm Mosher for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	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))....	64877.69	77142.69
(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)).....	64877.69	77142.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	64255.67	70027.43
(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)).....	64255.67	70027.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6035.35	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Norm Mosher for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38211.10	47061.10
(ii) Unitemized .....	21705.10	24120.10
(iii) TOTAL of contributions from individuals .....	59916.20	71181.20
(b) Political Party Committees.....	4651.49	4651.49
(c) Other Political Committees (such as PACs).....	280.00	280.00
(d) The Candidate .....	30.00	1030.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	64877.69	77142.69
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	64877.69	77142.69

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	64255.67	70027.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	64255.67	70027.43

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5413.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	64877.69
25. SUBTOTAL (add Line 23 and Line 24).....	70291.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64255.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6035.35

**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 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John W Bailey**

Mailing Address 1881 N Nash St  
Unit 2211

City Arlington State VA Zip Code 22209-1573

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 Y Y  
 08 / 05 / 2014

**Transaction ID : VNVZGCFXXR6**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Walter & Maxine Ball**

Mailing Address 1088 Richmond Hill Rd

City Warsaw State VA Zip Code 22572-3507

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 Y Y  
 08 / 15 / 2014

**Transaction ID : VNVZGCHKK82**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Jayne W. Barnard**

Mailing Address 3 Majesties Mews

City Williamsburg State VA Zip Code 23185-8617

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

Name of Employer College of William & Mary Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : VNVZGCGY792**

Amount of Each Receipt this Period  
300.00

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

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

900.00

**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 91
	<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)  
**Norm Mosher for Congress**

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

Mailing Address 345 Clark Point Dr

City State Zip Code  
White Stone VA 22578-2815

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

Name of Employer Occupation  
Retired 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 Y Y  
 08 / 23 / 2014

**Transaction ID : VNVZGCK3252**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John Baumhardt**

Mailing Address 345 Clark Point Dr

City State Zip Code  
White Stone VA 22578-2815

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

Name of Employer Occupation  
Retired Retired

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  
 09 / 09 / 2014

**Transaction ID : VNVZGCIW6Z6**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Margaret H Bender**

Mailing Address 6150 Farver Rd

City State Zip Code  
McLean VA 22101-3223

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2014

**Transaction ID : VNVZGCIW6Z6**

Amount of Each Receipt this Period  
250.00

**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 7 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Berg**

Mailing Address 4832 Clay Bank Rd

City Gloucester State VA Zip Code 23061-3511

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  
 09 / 16 / 2014

**Transaction ID : VNVZGCZKST9**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Eldren C Biddle Jr**

Mailing Address 1852 Ocran Rd

City White Stone State VA Zip Code 22578-2225

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : VNVZGCHKJ63**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Kathryn J. Blue**

Mailing Address 511 Mill Neck Rd

City Williamsburg State VA Zip Code 23185-3319

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

Name of Employer Information Requested Occupation Information Requested  
 College of William and Mary Librarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : VNVZGCHHJK3**

Amount of Each Receipt this Period  
500.00

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

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

1050.00

**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 91
	<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)  
**Norm Mosher for Congress**

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

Mailing Address 42 Flippo

City Irvington State VA Zip Code 22480-2431

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : VNVZGCK31Z5**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John Brock**

Mailing Address 6370 Brookline Ct

City Cumming State GA Zip Code 30040-7035

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : VNVZGCDJMH1**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Burke**

Mailing Address 41 Fairway Dr

City Plymouth State MA Zip Code 02360-1461

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

Name of Employer Retired Occupation Higher education

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : VNVZGCGYSK8**

Amount of Each Receipt this Period  
100.00

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

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

850.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Burke**

Mailing Address 41 Fairway Dr

City Plymouth State MA Zip Code 02360-1461

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

Name of Employer Retired Occupation Higher education

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : VNVZGCHCYE8**

Amount of Each Receipt this Period  
**35.00**

**B.** Full Name (Last, First, Middle Initial)  
**John Cardwell**

Mailing Address PO Box 101

City Irvington State VA Zip Code 22480-0101

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : VNVZGCHKJ97**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert T. Casey II**

Mailing Address 721 Richmond Rd

City Williamsburg State VA Zip Code 23185-3541

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : VNVZGCXAZW3**

Amount of Each Receipt this Period  
**500.00**

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

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

**1035.00**

**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 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles P. Clapper Jr.**

Mailing Address 153 Indian Springs Rd

City Williamsburg	State VA	Zip Code 23185-3938
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 26 / 2014

**Transaction ID : VNVZGCDJKT0**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Sheila Crowley**

Mailing Address 1400 S Joyce St  
Apt 733

City Arlington	State VA	Zip Code 22202
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FEC ID number of contributing federal political committee. **C**

Name of Employer National Low Income Housing Coalition	Occupation CE)
---	-------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : VNVZGCZWAH7**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Curry**

Mailing Address PO Box 737

City Kilmarnock	State VA	Zip Code 22482-0737
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FEC ID number of contributing federal political committee. **C**

Name of Employer Curry & Curry Pottery	Occupation Owner
---	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : VNVZGCHKBD7**

Amount of Each Receipt this Period  
300.00

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

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

800.00

**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 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Curry**

Mailing Address **PO Box 737**

City **Kilmarnock** State **VA** Zip Code **22482-0737**

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

Name of Employer **Curry & Curry Pottery** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**310.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 07 / 2014**

**Transaction ID : VNVZGCGY3B8**

Amount of Each Receipt this Period  
**10.00**

**B.** Full Name (Last, First, Middle Initial)  
**Carlos Del Toro**

Mailing Address **2 Brittany Ln**

City **Stafford** State **VA** Zip Code **22554-7687**

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

Name of Employer **SBG Technology Solutions** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 12 / 2014**

**Transaction ID : VNVZGCGYC26**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Steve O Dixon**

Mailing Address **15433 Beachview Dr**

City **Dumfries** State **VA** Zip Code **22025-1024**

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

Name of Employer **G2 Software Systems** Occupation **Electronics/Systems Engineer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 11 / 2014**

**Transaction ID : VNVZGCH36D9**

Amount of Each Receipt this Period  
**250.00**

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

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

**510.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steve O Dixon**

Mailing Address 15433 Beachview Dr

City Dumfries State VA Zip Code 22025-1024

FEC ID number of contributing federal political committee.

Name of Employer G2 Software Systems Occupation Electronics/Systems Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGCK3211**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Steve O Dixon**

Mailing Address 15433 Beachview Dr

City Dumfries State VA Zip Code 22025-1024

FEC ID number of contributing federal political committee.

Name of Employer G2 Software Systems Occupation Electronics/Systems Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGD2PMG8**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Craig Dorman**

Mailing Address 1020 Baneberry Ln

City Fairbanks State AK Zip Code 99712-1321

FEC ID number of contributing federal political committee.

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGCAC8D1**

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Dudley**

Mailing Address **PO Box 488**

City **Gloucester** State **VA** Zip Code **23061-0488**

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

Name of Employer **Riverside Medical Group** Occupation **Emergency Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2014**

**Transaction ID : VNVZGCZP208**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Wanda Eberle**

Mailing Address **8099 Newstead Ln**

City **Gloucester** State **VA** Zip Code **23061-5331**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 23 / 2014**

**Transaction ID : VNVZGCDJPF9**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Charles & Putnam K Ebinger**

Mailing Address **7306 Meadow Ln**

City **Chevy Chase** State **MD** Zip Code **20815-5010**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 14 / 2014**

**Transaction ID : VNVZGCYWCK4**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Deborah Eisenberg**

Mailing Address 1230 23rd St NW  
Apt 814

City Washington State DC Zip Code 20037-1163

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

Name of Employer ATSG Occupation Strategic Communications Adviser

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2014

**Transaction ID : VNVZGCYP2H1**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**William E Fleischman**

Mailing Address PO Box 34

City Wicomico Church State VA Zip Code 22579-0034

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

Name of Employer Not employed Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2014

**Transaction ID : VNVZGCHKG54**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Andrew Aldo Gaeta**

Mailing Address 904 Stonewall Ln

City Fredericksburg State VA Zip Code 22407-7431

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

Name of Employer U.S. Dept of Navy Occupation Scientist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2014

**Transaction ID : VNVZGCAC874**

Amount of Each Receipt this Period  
50.00

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

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

800.00

**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 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Aldo Gaeta**

Mailing Address 904 Stonewall Ln

City State Zip Code  
Fredericksburg VA 22407-7431

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

Name of Employer Occupation  
U.S. Dept of Navy Scientist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2014

**Transaction ID : VNVZGCDJME8**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew Aldo Gaeta**

Mailing Address 904 Stonewall Ln

City State Zip Code  
Fredericksburg VA 22407-7431

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

Name of Employer Occupation  
U.S. Dept of Navy Scientist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : VNVZGD4HWC9**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Andrew Aldo Gaeta**

Mailing Address 904 Stonewall Ln

City State Zip Code  
Fredericksburg VA 22407-7431

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

Name of Employer Occupation  
U.S. Dept of Navy Scientist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : VNVZGD4HW70**

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 16 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Aldo Gaeta**

Mailing Address 904 Stonewall Ln

City Fredericksburg State VA Zip Code 22407-7431

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

Name of Employer U.S. Dept of Navy Occupation Scientist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : VNVZGD4HW38**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**JOAN L GILKISON**

Mailing Address 302 Rivers Edge

City Williamsburg State VA Zip Code 23185-8936

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : VNVZGCH2XV1**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Nihal & Chrystal Goonewardene**

Mailing Address 8800 Twin Creek Ct

City Potomac State MD Zip Code 20854-4472

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  
 07 / 10 / 2014

**Transaction ID : VNVZGCAC8W0**

Amount of Each Receipt this Period  
**350.00**

**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 17 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nihal & Chrystal Goonewardene**

Mailing Address 8800 Twin Creek Ct

City Potomac State MD Zip Code 20854-4472

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  
1432.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 14 / 2014

**Transaction ID : VNVZGD6HTB3**

Amount of Each Receipt this Period  
1082.00

\* In-Kind: Fundraiser Host - food, drink and staff

**B.** Full Name (Last, First, Middle Initial)  
**Rubyjean Landsman Gould**

Mailing Address 309 Archers Mead

City Williamsburg State VA Zip Code 23185-6582

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

Name of Employer Information Requested Occupation Information Requested

CB Richmond Ellis Project Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : VNVZGCK91X7**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Steve & Ann Harris**

Mailing Address PO Box 696

City White Stone State VA Zip Code 22578-0696

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

Name of Employer Information Requested Occupation Information Requested

Retired 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  
 08 / 19 / 2014

**Transaction ID : VNVZGCHKD40**

Amount of Each Receipt this Period  
300.00

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

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

1632.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steve & Ann Harris**

Mailing Address PO Box 696

City State Zip Code  
White Stone VA 22578-0696

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGCIWAH5**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Clyde Austin Haulman**

Mailing Address 511 Newport Ave

City State Zip Code  
Williamsburg VA 23185-4012

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
College of William & Mary Economics Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGCHKJD9**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Jane Sale Henley**

Mailing Address 38 Muirfield Ct

City State Zip Code  
Weems VA 22576-2803

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGCATBW7**

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Elizabeth Hoinkes**

Mailing Address 790 Horse Point Rd

City Hartfield State VA Zip Code 23071-3091

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2014

**Transaction ID : VNVZGCHKNW4**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ted and Jackie Hontz**

Mailing Address 620 Lendall Ln

City Fredericksburg State VA Zip Code 22405-2331

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

Name of Employer BCI, Dahlgren Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : VNVZGICYW746**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ted and Jackie Hontz**

Mailing Address 620 Lendall Ln

City Fredericksburg State VA Zip Code 22405-2331

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

Name of Employer BCI, Dahlgren Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : VNVZGD4HVX1**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**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 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Herbert M Howe**

Mailing Address 6134 Utah Ave NW

City Washington State DC Zip Code 20015-2462

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

Name of Employer Georgetown University Occupation Assistant Professor of African Studies

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : VNVZGCGYGDJ4**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John H Hummel**

Mailing Address 111 Will Scarlet Ln

City Williamsburg State VA Zip Code 23185-5043

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  
253.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2014

**Transaction ID : VNVZGCG1558**

Amount of Each Receipt this Period  
253.00

**C.** Full Name (Last, First, Middle Initial)  
**John H Hummel**

Mailing Address 111 Will Scarlet Ln

City Williamsburg State VA Zip Code 23185-5043

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  
353.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : VNVZGCHKKM7**

Amount of Each Receipt this Period  
100.00

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

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

603.00

**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 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John H Hummel**

Mailing Address 111 Will Scarlet Ln

City Williamsburg State VA Zip Code 23185-5043

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  
460.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : VNVZGCK9284**

Amount of Each Receipt this Period  
107.00

**B.** Full Name (Last, First, Middle Initial)  
**Cynthia Johnson**

Mailing Address 321 5th St SE

City Washington State DC Zip Code 20003-2049

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

Name of Employer March of Dimes Occupation Government relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : VNVZGCEAAE3**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**BG Kenley**

Mailing Address 7090 Covenant Woods Dr Apt I102

City Mechanicsville State VA Zip Code 23111-7050

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

Name of Employer Not employed Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2014

**Transaction ID : VNVZGCG14E6**

Amount of Each Receipt this Period  
500.00

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

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

1107.00

**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 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mike & Gail Kenna**

Mailing Address PO Box 216

City State Zip Code  
Wicomico Church VA 22579-0216

FEC ID number of contributing federal political committee.

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGCHKCW6**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Thomas W Kimbrell**

Mailing Address 418 Collingwood Dr

City State Zip Code  
Fredericksburg VA 22405-2027

FEC ID number of contributing federal political committee.

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGD2NHE1**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**Vicki A Kinsel**

Mailing Address 276 Blufffield Ln

City State Zip Code  
Lancaster VA 22503-3407

FEC ID number of contributing federal political committee.

Name of Employer Information Requested Occupation Information Requested  
Self Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGCAC8Y5**

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Randall Kipp**

Mailing Address 81 King Carter Dr

City Irvington State VA Zip Code 22480-2007

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

Name of Employer Randall Kipp Architecture Occupation Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2014

**Transaction ID : VNVZGCH7VK3**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Gregory Kirkbride**

Mailing Address 9308 Cedar Ln

City Bethesda State MD Zip Code 20814-3935

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  
 07 / 06 / 2014

**Transaction ID : VNVZGCAC882**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Francis Kober Frank**

Mailing Address 1701 Browns Store Rd

City Heathsville State VA Zip Code 22473-4234

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : VNVZGCAXYG6**

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 24 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Francis Kober Frank**

Mailing Address 1701 Browns Store Rd

City State Zip Code  
Heathsville VA 22473-4234

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGCYP7K7**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**Mary Lloyd Lay**

Mailing Address PO Box 711

City State Zip Code  
Kilmarnock VA 22482-0711

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGCDJKX3**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**David S. Lowman**

Mailing Address 175 Pop Castle Rd

City State Zip Code  
White Stone VA 22578-2415

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Hunton & Williams LLP Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VNVZGCHKK40**

Amount of Each Receipt this Period

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Malick**

Mailing Address 302 Westview Ct NE

City State Zip Code  
Vienna VA 22180-4730

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

Name of Employer Occupation  
Self Volunteer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2014

**Transaction ID : VNVZGCZKTN2**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Monty Mason**

Mailing Address 12 Bayberry Ln

City State Zip Code  
Williamsburg VA 23185-3406

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

Name of Employer Occupation  
Visa, Inc Sr Account Exec

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2014

**Transaction ID : VNVZGCHKPF4**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Emily McCoy**

Mailing Address PO Box 8390

City State Zip Code  
Alexandria VA 22306-8390

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

Name of Employer Occupation  
MITRE Corp Systems Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2014

**Transaction ID : VNVZGCJBZ87**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alexander J McKelway**

Mailing Address **PO Box 1109**  
Post Office box 1109

City **White Stone** State **VA** Zip Code **22578-1109**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 10 / 2014**

**Transaction ID : VNVZGCAC8V2**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Donald A. Moffitt**

Mailing Address **3063 Heritage Landing Rd**

City **Williamsburg** State **VA** Zip Code **23185-8114**

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

Name of Employer **n/a** Occupation **retired editor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 26 / 2014**

**Transaction ID : VNVZGCDJ835**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Laurie S Morissette**

Mailing Address **236 Winding Creek Ln**

City **Heathsville** State **VA** Zip Code **22473-2169**

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  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 17 / 2014**

**Transaction ID : VNVZGCAXYD2**

Amount of Each Receipt this Period  
**300.00**

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

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

**1050.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Laurie S Morissette**

Mailing Address 236 Winding Creek Ln

City State Zip Code  
Heathsville VA 22473-2169

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  
310.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : VNVZGCHKN44**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
**Laurie S Morissette**

Mailing Address 236 Winding Creek Ln

City State Zip Code  
Heathsville VA 22473-2169

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  
320.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : VNVZGICYW7A3**

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Murray**

Mailing Address 4013 Fort Worth Ave

City State Zip Code  
Alexandria VA 22304-1712

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

Name of Employer Information Requested Occupation Information Requested  
CNA Corporation ANALYST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : VNVZGCH2ER6**

Amount of Each Receipt this Period  
2000.00

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

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

2020.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael C Neff**

Mailing Address 116 W Mason Ave

City State Zip Code  
Alexandria VA 22301-1912

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : VNVZGCAXY90**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark Nichols**

Mailing Address 30 River Rd  
Ste 12B

City State Zip Code  
New York NY 10044-1114

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

Name of Employer Occupation Information Requested  
Global Capital Advisors, LLC Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : VNVZGCJD7K1**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 141 Sir Guy Dr

City State Zip Code  
Weems VA 22576-2537

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

Name of Employer Occupation Information Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : VNVZGCHKJX5**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Albert & Mary Louise Pollard**

Mailing Address PO Box 266

City Irvington State VA Zip Code 22480-0266

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  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 05 / 2014

**Transaction ID : VNVZGC8JR63**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Albert & Mary Louise Pollard**

Mailing Address PO Box 266

City Irvington State VA Zip Code 22480-0266

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  
725.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 01 / 2014

**Transaction ID : VNVZGD4P8Q4**

Amount of Each Receipt this Period  
625.00

\* In-Kind: Staff Housing

**C.** Full Name (Last, First, Middle Initial)  
**Tove N. Power**

Mailing Address PO Box 416

City Irvington State VA Zip Code 22480-0416

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : VNVZGCGX5J1**

Amount of Each Receipt this Period  
250.00

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

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

975.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tove N. Power**

Mailing Address **PO Box 416**

City **Irvington** State **VA** Zip Code **22480-0416**

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 **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : VNVZGCZKT48**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**David Priddy**

Mailing Address **105 Paloma Farm Ln**

City **Afton** State **VA** Zip Code **22920-2833**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 05 / 2014**

**Transaction ID : VNVZGC8JRA4**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Margie Rankin**

Mailing Address **PO Box 729**

City **Heathsville** State **VA** Zip Code **22473-0729**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : VNVZGCH2XD0**

Amount of Each Receipt this Period  
**500.00**

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

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

**1200.00**

**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 31 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mildred H. B. Roberson**

Mailing Address 875 Clark Point Dr

City State Zip Code  
White Stone VA 22578-2813

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : VNVZGCDJM23**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mildred H. B. Roberson**

Mailing Address 875 Clark Point Dr

City State Zip Code  
White Stone VA 22578-2813

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  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : VNVZGCHKGA3**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Margaret W Rowden**

Mailing Address 1560 Clarketown Rd

City State Zip Code  
Heathsville VA 22473-2009

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

Name of Employer Information Requested Occupation Information Requested  
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  
 08 / 11 / 2014

**Transaction ID : VNVZGCGX5M6**

Amount of Each Receipt this Period  
300.00

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

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

900.00

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

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

FOR LINE NUMBER: PAGE 32 OF 91  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald R. Skinker**

Mailing Address 1308 William St

City Fredericksburg State VA Zip Code 22401-5422

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

Name of Employer Self 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  
 08 / 09 / 2014

**Transaction ID : VNVZGCGX5S6**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Marilyn Skony Stamm**

Mailing Address PO Box 1929

City Fort Lee State NJ Zip Code 07024-8429

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

Name of Employer Stamm International Corp. Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNVZGCGX3DT4**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**James William Smith**

Mailing Address 99 Old Mill Ln

City Heathsville State VA Zip Code 22473-4053

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : VNVZGCH2WY2**

Amount of Each Receipt this Period  
 70.00

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

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

1320.00



**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 33 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James William Smith**

Mailing Address 99 Old Mill Ln

City Heathsville State VA Zip Code 22473-4053

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 **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : VNVZGCIW795**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**James William Smith**

Mailing Address 99 Old Mill Ln

City Heathsville State VA Zip Code 22473-4053

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 **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : VNVZGCIW8Q7**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Richard H Smith**

Mailing Address 13038 Champlain Dr

City Manassas State VA Zip Code 20112-7812

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 Y Y  
 09 / 28 / 2014

**Transaction ID : VNVZGD2Q923**

Amount of Each Receipt this Period  
**250.00**

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

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

**400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rich Sponholz**

Mailing Address 26 Oak Meadow Ln

City State Zip Code  
Bellport NY 11713-2610

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : VNVZGCAXYJ1**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Suzanne Stern**

Mailing Address 128 Spring Br

City State Zip Code  
Williamsburg VA 23185-3188

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  
08 / 22 / 2014

**Transaction ID : VNVZGCK91S5**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Florence C. Stickney**

Mailing Address 376 Merrimac Trl  
Apt 622

City State Zip Code  
Williamsburg VA 23185-4811

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

Name of Employer Information Requested Occupation Information Requested  
Retired 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  
09 / 04 / 2014

**Transaction ID : VNVZGCXB054**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 35 OF 91  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rick and Pam Struss**

Mailing Address 250 Main St

City Reedville State VA Zip Code 22539-4403

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 Y Y  
 08 / 19 / 2014

**Transaction ID : VNVZGCHKBE5**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Russell E Talcott**

Mailing Address 285 Wood Duck Ln

City Farnham State VA Zip Code 22460-2741

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

Name of Employer Information Requested Occupation Information Requested

Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : VNVZGCATCE8**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Beverly J. D. Thomas**

Mailing Address 705 Pine Crest Dr

City Heathsville State VA Zip Code 22473-4306

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : VNVZGCYWB53**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANN VANLANINGHAM**

Mailing Address **PO Box 1039**

City **Mathews** State **VA** Zip Code **23109-1039**

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

Name of Employer **None** Occupation **None**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 23 / 2014**

**Transaction ID : VNVZGCDJMF6**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**ANN VANLANINGHAM**

Mailing Address **PO Box 1039**

City **Mathews** State **VA** Zip Code **23109-1039**

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

Name of Employer **None** Occupation **None**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 28 / 2014**

**Transaction ID : VNVZGCDR069**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**ANN VANLANINGHAM**

Mailing Address **PO Box 1039**

City **Mathews** State **VA** Zip Code **23109-1039**

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

Name of Employer **None** Occupation **None**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : VNVZGCVWBN9**

Amount of Each Receipt this Period  
**100.00**

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

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

**300.00**

**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 37 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANN VANLANINGHAM**

Mailing Address **PO Box 1039**

City **Mathews** State **VA** Zip Code **23109-1039**

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

Name of Employer **None** Occupation **None**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : VNVZGD2CVF8**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gloria Wallace**

Mailing Address **132 Lancaster Dr**

City **Irvington** State **VA** Zip Code **22480-9703**

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  
**08 / 13 / 2014**

**Transaction ID : VNVZGCH2XA7**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**H. William Warren**

Mailing Address **4690 Black Stump Rd**

City **Weems** State **VA** Zip Code **22576-2003**

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

Name of Employer **Information Requested** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 26 / 2014**

**Transaction ID : VNVZGCDJKS2**

Amount of Each Receipt this Period  
**250.00**

**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 38 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert H Warren**

Mailing Address 20 Mariners Cove Ln

City Redart State VA Zip Code 23076-2038

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2014

**Transaction ID : VNVZGCAXY67**

Amount of Each Receipt this Period  
 150.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert H Warren**

Mailing Address 20 Mariners Cove Ln

City Redart State VA Zip Code 23076-2038

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNVZGCXB079**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth Wasem**

Mailing Address 1005 Albert Rennolds Dr

City Fredericksburg State VA Zip Code 22401-4461

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

Name of Employer Fredericksburg Counseling Service Occupation Social Worker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 23 / 2014

**Transaction ID : VNVZGCK3245**

Amount of Each Receipt this Period  
 300.00

**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: (check only one)	PAGE 39 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert H. Wayland III**

Mailing Address 22 Shoreline Dr

City State Zip Code  
White Stone VA 22578-3132

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 13 / 2014

**Transaction ID : VNVZGCAXYN5**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert H. Wayland III**

Mailing Address 22 Shoreline Dr

City State Zip Code  
White Stone VA 22578-3132

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : VNVZGCHKBR2**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Harry W. Wells Jr.**

Mailing Address PO Box 9

City State Zip Code  
Irvington VA 22480-0009

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

Name of Employer Occupation  
Self-employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 15 / 2014

**Transaction ID : VNVZGCAXYE0**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

**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 40 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harry W. Wiggins**

Mailing Address 3525 Waters End Trl

City State Zip Code  
Lake Ridge VA 22192-7114

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**529.10**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 28 / 2014**

**Transaction ID : VNVZGD2Q5A7**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Harry W. Wiggins**

Mailing Address 3525 Waters End Trl

City State Zip Code  
Lake Ridge VA 22192-7114

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**529.10**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 28 / 2014**

**Transaction ID : VNVZGD51749**

Amount of Each Receipt this Period  
**279.10**

\* In-Kind: Campaign Event Food

**C.** Full Name (Last, First, Middle Initial)  
**Thomas & Luci York**

Mailing Address PO Box 195

City State Zip Code  
Kilmarnock VA 22482-0195

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

Name of Employer Retired Occupation USN Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 19 / 2014**

**Transaction ID : VNVZGCHKDE9**

Amount of Each Receipt this Period  
**500.00**

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

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

**1029.10**



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

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

FOR LINE NUMBER: PAGE 41 OF 91  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas & Luci York**

Mailing Address **PO Box 195**

City **Kilmarnock** State **VA** Zip Code **22482-0195**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 13 / 2014**

**Transaction ID : VNVZGCIWAY8**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Carolyn Young**

Mailing Address **544 Glebe Road  
PO Box 599**

City **Irvington** State **VA** Zip Code **22480-2115**

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

Name of Employer **retired** Occupation **teacher**

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  
**07 / 29 / 2014**

**Transaction ID : VNVZGCDTZG8**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Carolyn Young**

Mailing Address **544 Glebe Road  
PO Box 599**

City **Irvington** State **VA** Zip Code **22480-2115**

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

Name of Employer **retired** Occupation **teacher**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 19 / 2014**

**Transaction ID : VNVZGD521F1**

Amount of Each Receipt this Period  
**300.00**

\* In-Kind: Food and Beverages for Fundraiser

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

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

**900.00**

**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 42 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Young**

Mailing Address PO Box 599

City Irvington State VA Zip Code 22480-0599

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : VNVZGCHKJS3**

Amount of Each Receipt this Period  
 430.00

**B.** Full Name (Last, First, Middle Initial)  
**William Young**

Mailing Address PO Box 599

City Irvington State VA Zip Code 22480-0599

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : VNVZGCK9250**

Amount of Each Receipt this Period  
 100.00

**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).....

530.00

38211.10

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

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

FOR LINE NUMBER: PAGE 43 OF 91  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Norm Mosher for Congress**

**A. Gloucester County Democratic Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1589  
 City Gloucester State VA Zip Code 23061-1589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : VNVZGCZKZY5**  
 Amount of Each Receipt this Period  
 1000.00

**B. King George County Democratic Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17200 Emma Ln  
 City King George State VA Zip Code 22485-4782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2014  
**Transaction ID : VNVZGCGX5Z3**  
 Amount of Each Receipt this Period  
 500.00

**C. Mathews County Democratic Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1111  
 City Mathews State VA Zip Code 23109-1111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 19 / 2014  
**Transaction ID : VNVZGCAXY82**  
 Amount of Each Receipt this Period  
 1000.00

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

2500.00

**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 44 OF 91
<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)  
**Norm Mosher for Congress**

**A. Newport News Democratic Committee**

Full Name (Last, First, Middle Initial)  
Newport News Democratic Committee

Mailing Address PO Box 2638

City State Zip Code  
Newport News VA 23609-0638

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2014

**Transaction ID : VNVZGCZM679**

Amount of Each Receipt this Period

**B. Northumberland County Democratic Committee**

Full Name (Last, First, Middle Initial)  
Northumberland County Democratic Committee

Mailing Address PO Box 277

City State Zip Code  
Heathsville VA 22473-0277

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2014

**Transaction ID : VNVZGCAC8N4**

Amount of Each Receipt this Period

**C. Williamsburg Democratic Committee**

Full Name (Last, First, Middle Initial)  
Williamsburg Democratic Committee

Mailing Address PO Box 1188

City State Zip Code  
Williamsburg VA 23187-1188

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2014

**Transaction ID : VNVZGD517A6**

Amount of Each Receipt this Period

\* In-Kind: Printing: Flyers for mailing

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Williamsburg Democratic Committee**

Mailing Address PO Box 1188

City Williamsburg State VA Zip Code 23187-1188

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**676.49**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : VNVZGCZM527**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**York Poquoson Democratic Committee**

Mailing Address 110 Saxon Rd

City Williamsburg State VA Zip Code 23185-4920

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 08 / 2014**

**Transaction ID : VNVZGCY8E0**

Amount of Each Receipt this Period  
**250.00**

**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

Amount of Each Receipt this Period

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

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

**750.00**

**4651.49**

**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 46 OF 91
	<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)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of John Miller**

Mailing Address PO Box 6113

City Newport News State VA Zip Code 23606-0113

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : VNVZGCK91R7**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Lillie Jessie Election Committee**

Mailing Address 2753 Omisol Rd

City Woodbridge State VA Zip Code 22192-3803

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
30.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : VNVZGD2PM53**

Amount of Each Receipt this Period  
30.00

**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).....

280.00

280.00

**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 47 OF 91
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Norm Mosher for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Norm & Jan Mosher**

Mailing Address **PO Box 725**

City **Irvington** State **VA** Zip Code **22480-0725**

FEC ID number of contributing federal political committee. **C H4VA01070**

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1025.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07	/	10	/	2014

**Transaction ID : VNVZGCAXZC7**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Norm & Jan Mosher**

Mailing Address **PO Box 725**

City **Irvington** State **VA** Zip Code **22480-0725**

FEC ID number of contributing federal political committee. **C H4VA01070**

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1030.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	12	/	2014

**Transaction ID : VNVZGCGXQ39**

Amount of Each Receipt this Period  
**5.00**

**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
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

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

**30.00**

**30.00**

**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 48 OF 91		
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 33.60
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Credit card/merchant fee	<b>Transaction ID : VNV089MYSJ6</b>
Candidate Name	Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 27.66
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Credit card/merchant fee	<b>Transaction ID : VNV089MYSK4</b>
Candidate Name	Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ActBlue</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 69.14
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Merchant Fee	<b>Transaction ID : VNV089PVBD8</b>
Candidate Name	Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	130.40
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 1.98
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Merchant Fees	<b>Transaction ID : VNV089PWCT0</b>
Candidate Name	012 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 2.97
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Merchant Fees	<b>Transaction ID : VNV089PWCV8</b>
Candidate Name	012 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ActBlue</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 3.95
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Merchant Fees	<b>Transaction ID : VNV089PWCW6</b>
Candidate Name	012 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 9,999,999.99 1.98
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Merchant Fees	<b>Transaction ID : VNV089PWCX3</b>
Candidate Name	012 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 9,999,999.99 2.97
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Merchant Fees	<b>Transaction ID : VNV089PWCY1</b>
Candidate Name	012 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 9,999,999.99 4.95
City West Somerville	State MA	
Zip Code 02144-0031	Purpose of Disbursement Merchant Fees	<b>Transaction ID : VNV089PWCZ9</b>
Candidate Name	012 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 4,567,890.12 19.75
City West Somerville	State MA	
Purpose of Disbursement Merchant Fees	Zip Code 02144-0031	<b>Transaction ID : VNV089PWD07</b>
Candidate Name	Category/ Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 4,567,890.12 159.53
City	State Zip Code	
Purpose of Disbursement Office Supplies	Zip Code	<b>Transaction ID : VNV089PBDE4</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Efe Brock</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2014
Mailing Address 1845 Crofton Pkwy		Amount of Each Disbursement this Period 4,567,890.12 282.24
City Crofton	State MD	
Purpose of Disbursement Travel Reimbursement	Zip Code 21114-2239	<b>Transaction ID : VNV089R02T0</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	461.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Efe Brock</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1845 Crofton Pkwy		Amount of Each Disbursement this Period 351.68 <b>Transaction ID : VNV089PNJG7</b>
City Crofton	State MD	
Zip Code 21114-2239	Purpose of Disbursement Miles Reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Campaign Finance Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 33 R St NW		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VNV089PWAE1</b>
City Washington	State DC	
Zip Code 20001-1119	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Campaign Finance Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 33 R St NW		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : VNV089N1SM5</b>
City Washington	State DC	
Zip Code 20001-1119	Purpose of Disbursement Fund Raising Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5851.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Campaign Finance Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 33 R St NW		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : VNV089PWBK2</b>
City Washington State DC Zip Code 20001-1119	Purpose of Disbursement Fund Raising Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Campaign Finance Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 33 R St NW		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : VNV089PWBM0</b>
City Washington State DC Zip Code 20001-1119	Purpose of Disbursement Fund Raising Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Creative DeSIGNS of Virginia, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 322 Chesapeake Dr		Amount of Each Disbursement this Period 589.68 <b>Transaction ID : VNV089MTD23</b>
City White Stone State VA Zip Code 22578-2672	Purpose of Disbursement Design: Logo and Banner Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7589.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dehnert, Clarke &amp; Co. P.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address PO Box 420		Amount of Each Disbursement this Period 1125.00
City Irvington	State VA Zip Code 22480-0420	
Purpose of Disbursement Accounting Services	Category/Type 001	<b>Transaction ID : VNV089NJ5K8</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democratic Party of VA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 6610.00
City	State Zip Code	
Purpose of Disbursement Software	Category/Type 001	<b>Transaction ID : VNV089PBE06</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dean Russell Dort II</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 389.42
City Irvington	State VA Zip Code 22480-0709	
Purpose of Disbursement Miles Reimbursement	Category/Type 002	<b>Transaction ID : VNV089PNJJ3</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8124.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dean Russell Dort II</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 274.49
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Reimbursement	<b>Transaction ID : VNV089Q0DC2</b>
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The River Market</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 208.49
City White Stone	State VA	
Zip Code	Purpose of Disbursement Campaign Event: Food	<b>Transaction ID : VNV089Q0DF6</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dean Russell Dort II</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 91.24
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Reimbursement	<b>Transaction ID : VNV089Q0DN3</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	365.73
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. DPVA Rural Caucus</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address		Amount of Each Disbursement this Period 440.00
City	State Zip Code	
Purpose of Disbursement Tickets	Category/Type 007	<b>Transaction ID : VNV089R02N1</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Economy Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 4519 George Washington Hwy		Amount of Each Disbursement this Period 1055.87
City	State Zip Code Portsmouth VA 23702-2403	
Purpose of Disbursement Bumper Stickers	Category/Type 004	<b>Transaction ID : VNV089NJ5N3</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Economy Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 4519 George Washington Hwy		Amount of Each Disbursement this Period 919.01
City	State Zip Code Portsmouth VA 23702-2403	
Purpose of Disbursement Palm Cards	Category/Type 006	<b>Transaction ID : VNV089PBEE4</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2414.88
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Economy Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 4519 George Washington Hwy		Amount of Each Disbursement this Period 859.45 <b>Transaction ID : VNV089PBDV6</b>
City Portsmouth	State VA	
Zip Code 23702-2403	Purpose of Disbursement Bumper Stickers	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Economy Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 4519 George Washington Hwy		Amount of Each Disbursement this Period 134.75 <b>Transaction ID : VNV089PNHF7</b>
City Portsmouth	State VA	
Zip Code 23702-2403	Purpose of Disbursement Palm cards	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Economy Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 4519 George Washington Hwy		Amount of Each Disbursement this Period 906.58 <b>Transaction ID : VNV089PBDP7</b>
City Portsmouth	State VA	
Zip Code 23702-2403	Purpose of Disbursement Palm Cards	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1900.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 91		
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Economy Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 4519 George Washington Hwy		Amount of Each Disbursement this Period 387.32
City Portsmouth	State VA Zip Code 23702-2403	
Purpose of Disbursement Letterhead	Category/Type 001	<b>Transaction ID : VNV089PBDQ5</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Economy Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 4519 George Washington Hwy		Amount of Each Disbursement this Period 1589.99
City Portsmouth	State VA Zip Code 23702-2403	
Purpose of Disbursement Palm Cards	Category/Type 006	<b>Transaction ID : VNV089PBCG7</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Economy Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 4519 George Washington Hwy		Amount of Each Disbursement this Period 1219.00
City Portsmouth	State VA Zip Code 23702-2403	
Purpose of Disbursement Bumper Stickers	Category/Type 006	<b>Transaction ID : VNV089PBCH4</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3196.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Economy Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 4519 George Washington Hwy		Amount of Each Disbursement this Period 6694.31
City Portsmouth	State VA	
Zip Code 23702-2403	Purpose of Disbursement Signs	<b>Transaction ID : VNV089PBBM5</b>
Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Economy Printing, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 4519 George Washington Hwy		Amount of Each Disbursement this Period 2368.54
City Portsmouth	State VA	
Zip Code 23702-2403	Purpose of Disbursement Ssigns	<b>Transaction ID : VNV089PNJ84</b>
Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Efo Brock</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address		Amount of Each Disbursement this Period 282.24
City	State	
Zip Code	Purpose of Disbursement Mileage Reimbursement	<b>Transaction ID : VNV089PBCN6</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9345.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 4.50
City	State Zip Code	
Purpose of Disbursement Advertising - Internet	004	<b>Transaction ID : VNV089PWB02</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address		Amount of Each Disbursement this Period 25.46
City	State Zip Code	
Purpose of Disbursement Advertising - Internet	004	<b>Transaction ID : VNV089PWBFO</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 14.54
City	State Zip Code	
Purpose of Disbursement Advertising - Internet	004	<b>Transaction ID : VNV089PWBPF0</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address		Amount of Each Disbursement this Period 50.00
City	State Zip Code	
Purpose of Disbursement Advertising - Internet	Candidate Name	Transaction ID : VNV089PWBS9
Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period 164.52
City	State Zip Code	
Purpose of Disbursement Online Advertising	Candidate Name	Transaction ID : VNV089R02P9
Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address		Amount of Each Disbursement this Period 51.11
City	State Zip Code	
Purpose of Disbursement Online Advertising	Candidate Name	Transaction ID : VNV089PZAH7
Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	265.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Global Business Ventures</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089N1SS5</b>
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Global Business Ventures</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089N1SQ9</b>
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Global Business Ventures</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089N1SP1</b>
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Global Business Ventures</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWAH5</b>
City Irvington	State VA	
Purpose of Disbursement Campaign Consulting	001	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Global Business Ventures</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWAK1</b>
City Irvington	State VA	
Purpose of Disbursement Campaign Consulting	001	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Global Business Ventures</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWAN7</b>
City Irvington	State VA	
Purpose of Disbursement Campaign Consulting	001	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Global Business Ventures</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWC88</b>
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Global Business Ventures</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWAS8</b>
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Global Business Ventures</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWAT6</b>
City Irvington	State VA	
Zip Code 22480-0709	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Global Business Ventures</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWAW0</b>
City Irvington	State VA Zip Code 22480-0709	
Purpose of Disbursement Campaign Consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Global Business Ventures</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWAX8</b>
City Irvington	State VA Zip Code 22480-0709	
Purpose of Disbursement Campaign Consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Global Business Ventures</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address PO Box 709		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWBA1</b>
City Irvington	State VA Zip Code 22480-0709	
Purpose of Disbursement Campaign Consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> 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 66 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Global Business Ventures</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO Box 709			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWBB8</b>
City Irvington	State VA	Zip Code 22480-0709	
Purpose of Disbursement Campaign Consulting		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Nihal &amp; Chrystal Goonewardene</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 8800 Twin Creek Ct			Amount of Each Disbursement this Period 1082.00 <b>Transaction ID : VNVZGD6HTB3I</b>
City Potomac	State MD	Zip Code 20854-4472	
Purpose of Disbursement Fundraiser Host - food, drink and staff		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		* In-Kind Received
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Irvington Market</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 4447 Irvington Rd			Amount of Each Disbursement this Period 33.26 <b>Transaction ID : VNV089PBE95</b>
City Irvington	State VA	Zip Code 22480-2106	
Purpose of Disbursement Fuel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1615.26
<b>TOTAL</b> 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 67 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Irvington Market</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 4447 Irvington Rd		Amount of Each Disbursement this Period 41.90
City Irvington	State VA	
Zip Code 22480-2106	Purpose of Disbursement Travel Fuel	<b>Transaction ID : VNV089PBBX6</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Irvington Market</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 4447 Irvington Rd		Amount of Each Disbursement this Period 51.11
City Irvington	State VA	
Zip Code 22480-2106	Purpose of Disbursement Fuel	<b>Transaction ID : VNV089PBD86</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Irvington Market</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 4447 Irvington Rd		Amount of Each Disbursement this Period 27.50
City Irvington	State VA	
Zip Code 22480-2106	Purpose of Disbursement Fuel	<b>Transaction ID : VNV089PBBS5</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	120.51
<b>TOTAL</b> 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 68 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Irvington Market</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 4447 Irvington Rd		Amount of Each Disbursement this Period 29.77
City Irvington	State VA	
Zip Code 22480-2106	Purpose of Disbursement Travel Fuel	<b>Transaction ID : VNV089PBBA6</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Irvington Market</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 4447 Irvington Rd		Amount of Each Disbursement this Period 30.10
City Irvington	State VA	
Zip Code 22480-2106	Purpose of Disbursement Fuel	<b>Transaction ID : VNV089PBBC2</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Irvington Market</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 4447 Irvington Rd		Amount of Each Disbursement this Period 35.27
City Irvington	State VA	
Zip Code 22480-2106	Purpose of Disbursement Fuel	<b>Transaction ID : VNV089PNHR8</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	95.14
<b>TOTAL</b> 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 70 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mosher &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089N1SN3</b>
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mosher &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWBT7</b>
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mosher &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWBV5</b>
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> 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 71 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mosher &amp; Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWBW3</b>
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mosher &amp; Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWBX1</b>
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mosher &amp; Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWBX9</b>
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> 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 72 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mosher &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV089PWBZ6</b>
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Finance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Norm &amp; Jan Mosher</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 409.36 <b>Transaction ID : VNV089R02Q7</b>
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name <b>Norm &amp; Jan Mosher</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 01	

Full Name (Last, First, Middle Initial) <b>c. Norm &amp; Jan Mosher</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 1189.27 <b>Transaction ID : VNV089PWZB1</b>
City Irvington	State VA	
Zip Code 22480-0725	Purpose of Disbursement Debt repayment	Category/ Type 009
Candidate Name <b>Norm &amp; Jan Mosher</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2098.63
<b>TOTAL</b> 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 73 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Norm &amp; Jan Mosher</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 16.28 <b>Transaction ID : VNV089PZAP6</b>
City Irvington	State VA	
Purpose of Disbursement Reimbursement: Cell Phone		Category/ Type 001
Candidate Name <b>Norm &amp; Jan Mosher</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Norm &amp; Jan Mosher</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 725		Amount of Each Disbursement this Period 30.49 <b>Transaction ID : VNV089PZAR2</b>
City Irvington	State VA	
Purpose of Disbursement Reimbursement: Cell Phone		Category/ Type 001
Candidate Name <b>Norm &amp; Jan Mosher</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District: 01	

Full Name (Last, First, Middle Initial) <b>c. NGP Credit Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 53.67 <b>Transaction ID : VNV089PWBQ3</b>
City	State	
Purpose of Disbursement Merchant Fees		Category/ Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.44
<b>TOTAL</b> 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 74 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP Credit Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address		Amount of Each Disbursement this Period 393.05
City	State Zip Code	
Purpose of Disbursement Merchant Fees	Category/Type 012	<b>Transaction ID : VNV089PWCR4</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NGP VAN INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 1101 15th St NW		Amount of Each Disbursement this Period 900.00
City	State Zip Code Washington DC 20005-5002	
Purpose of Disbursement Accounting/Compliance	Category/Type 001	<b>Transaction ID : VNV089PWB51</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NGP VAN INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1101 15th St NW		Amount of Each Disbursement this Period 900.00
City	State Zip Code Washington DC 20005-5002	
Purpose of Disbursement Accounting/Compliance	Category/Type 001	<b>Transaction ID : VNV089PWB27</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2193.05
<b>TOTAL</b> 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 75 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 1101 15th St NW		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : VNV089PWB69</b>
City Washington State DC Zip Code 20005-5002	Purpose of Disbursement Accounting/Compliance Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NoHill Inc T/A House of</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address PO Box 337 394 Chesapeake Dr		Amount of Each Disbursement this Period 347.49 <b>Transaction ID : VNV089PBDG9</b>
City White Stone State VA Zip Code 22578-0337	Purpose of Disbursement Printing Reimbursement Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 10.52 <b>Transaction ID : VNV089MY925</b>
City State Zip Code	Purpose of Disbursement Meals Candidate Name 002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1258.01
<b>TOTAL</b> 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 76 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Panera Bread</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 61.38 <b>Transaction ID : VNV089NJ531</b>
City	State Zip Code	
Purpose of Disbursement Meals	002 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Panera Bread</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address		Amount of Each Disbursement this Period 18.80 <b>Transaction ID : VNV089NJ5R7</b>
City	State Zip Code	
Purpose of Disbursement Meals	002 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Panera Bread</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address		Amount of Each Disbursement this Period 18.49 <b>Transaction ID : VNV089PBCR0</b>
City	State Zip Code	
Purpose of Disbursement Travel Meals	002 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	61.38
<b>TOTAL</b> 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 77 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2014
Mailing Address		Amount of Each Disbursement this Period 31.39
City	State Zip Code	
Purpose of Disbursement Travel Meals	Candidate Name	Transaction ID : VNV089PBCB7
Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 35.10
City	State Zip Code	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : VNV089PZC14
Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address		Amount of Each Disbursement this Period 35.10
City	State Zip Code	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : VNV089PZAK3
Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	101.59
<b>TOTAL</b> 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 78 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Albert &amp; Mary Louise Pollard</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address PO Box 266		Amount of Each Disbursement this Period 625.00 <b>Transaction ID : VNVZGD4P8Q4I</b>
City Irvington	State VA	
Zip Code 22480-0266	Purpose of Disbursement Staff Housing	* In-Kind Received
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sandy Creek Pet Resort</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2014
Mailing Address 9689 Burkes Pond Rd		Amount of Each Disbursement this Period 130.00 <b>Transaction ID : VNV089N1SK7</b>
City North	State VA	
Zip Code 23128-9019	Purpose of Disbursement Pet Boarding	Category/Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Sandy Creek Pet Resort</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 9689 Burkes Pond Rd		Amount of Each Disbursement this Period 96.00 <b>Transaction ID : VNV089PBBY4</b>
City North	State VA	
Zip Code 23128-9019	Purpose of Disbursement Travel Pet Boarding	Category/Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	851.00
<b>TOTAL</b> 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 79 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sandy Creek Pet Resort</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 9689 Burkes Pond Rd			Amount of Each Disbursement this Period 274.00 <b>Transaction ID : VNV089PNHK8</b>
City North	State VA	Zip Code 23128-9019	
Purpose of Disbursement Pet Boarding		Category/Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Sleep Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 14080 Shoppers Best Way			Amount of Each Disbursement this Period 118.64 <b>Transaction ID : VNV089N7738</b>
City Woodbridge	State VA	Zip Code 22192-4131	
Purpose of Disbursement Lodging/hotel		Category/Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Sleep Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 14080 Shoppers Best Way			Amount of Each Disbursement this Period 106.77 <b>Transaction ID : VNV089NJ573</b>
City Woodbridge	State VA	Zip Code 22192-4131	
Purpose of Disbursement Travel		Category/Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	499.41
<b>TOTAL</b> 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 80 OF 91		
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sleep Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2014
Mailing Address 14080 Shoppers Best Way		Amount of Each Disbursement this Period 78.41
City Woodbridge	State VA Zip Code 22192-4131	
Purpose of Disbursement Accommodations	Category/Type 002	<b>Transaction ID : VNV089PNHM6</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 1320 Richmond Rd		Amount of Each Disbursement this Period 104.68
City Williamsburg	State VA Zip Code 23185-2831	
Purpose of Disbursement Office Supplies	Category/Type 001	<b>Transaction ID : VNV089MY932</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 1320 Richmond Rd		Amount of Each Disbursement this Period 43.34
City Williamsburg	State VA Zip Code 23185-2831	
Purpose of Disbursement Office Supplies	Category/Type 001	<b>Transaction ID : VNV089NJ5S5</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	226.43
<b>TOTAL</b> 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 81 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address 1320 Richmond Rd		Amount of Each Disbursement this Period 70.53
City Williamsburg	State VA Zip Code 23185-2831	
Purpose of Disbursement Office Supplies	Category/Type 001	<b>Transaction ID : VNV089NJ5P1</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2014
Mailing Address 1320 Richmond Rd		Amount of Each Disbursement this Period 246.11
City Williamsburg	State VA Zip Code 23185-2831	
Purpose of Disbursement Office supplies	Category/Type 001	<b>Transaction ID : VNV089NJ4W6</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2014
Mailing Address 1320 Richmond Rd		Amount of Each Disbursement this Period 157.94
City Williamsburg	State VA Zip Code 23185-2831	
Purpose of Disbursement Office Expense	Category/Type 001	<b>Transaction ID : VNV089PBE47</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	474.58
<b>TOTAL</b> 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 82 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 1320 Richmond Rd		Amount of Each Disbursement this Period 467.73 <b>Transaction ID : VNV089PBBR7</b>
City Williamsburg State VA Zip Code 23185-2831	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Suzanne Stern</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 128 Spring Br		Amount of Each Disbursement this Period 242.98 <b>Transaction ID : VNV089Q0HB2</b>
City Williamsburg State VA Zip Code 23185-3188	Purpose of Disbursement Reimbursement Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address Irvington Post Office		Amount of Each Disbursement this Period 49.00 <b>Transaction ID : VNV089N76Z7</b>
City Irvington State VA Zip Code 22480	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	467.73
<b>TOTAL</b> 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 83 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address Irvington Post Office		Amount of Each Disbursement this Period 98.00
City Irvington	State VA Zip Code 22480	
Purpose of Disbursement Postage	Category/Type 001	<b>Transaction ID : VNV089NJ599</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address Irvington Post Office		Amount of Each Disbursement this Period 20.30
City Irvington	State VA Zip Code 22480	
Purpose of Disbursement Postage	Category/Type 001	<b>Transaction ID : VNV089NJ4Y2</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address Irvington Post Office		Amount of Each Disbursement this Period 4.20
City Irvington	State VA Zip Code 22480	
Purpose of Disbursement Postage	Category/Type 001	<b>Transaction ID : VNV089NJ5E8</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	122.50
<b>TOTAL</b> 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 84 OF 91		
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address Irvington Post Office		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : VNV089PWC95</b>
City Irvington	State VA Zip Code 22480	
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address Irvington Post Office		Amount of Each Disbursement this Period 5.95 <b>Transaction ID : VNV089PNHG5</b>
City Irvington	State VA Zip Code 22480	
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address Irvington Post Office		Amount of Each Disbursement this Period 8.95 <b>Transaction ID : VNV089PZAN8</b>
City Irvington	State VA Zip Code 22480	
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	28.90
<b>TOTAL</b> 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 85 OF 91		
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. U. S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address Irvington Post Office		Amount of Each Disbursement this Period 2.10 <b>Transaction ID : VNV089PNHS6</b>
City Irvington	State VA Zip Code 22480	
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : VNV089PBEC9</b>
City	State Zip Code	
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address		Amount of Each Disbursement this Period 18.90 <b>Transaction ID : VNV089PBDM1</b>
City	State Zip Code	
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35.00
<b>TOTAL</b> 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 86 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 490.00 <b>Transaction ID : VNV089PBDF1</b>
City	State Zip Code	
Purpose of Disbursement Postage	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address		Amount of Each Disbursement this Period 294.00 <b>Transaction ID : VNV089PBDD6</b>
City	State Zip Code	
Purpose of Disbursement Postage	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address		Amount of Each Disbursement this Period 3.43 <b>Transaction ID : VNV089PBD52</b>
City	State Zip Code	
Purpose of Disbursement Postage	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	787.43
<b>TOTAL</b> 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 87 OF 91			
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address		Amount of Each Disbursement this Period 2.10 <b>Transaction ID : VNV089PBDZ8</b>
City	State Zip Code	
Purpose of Disbursement Postage	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address		Amount of Each Disbursement this Period 8.95 <b>Transaction ID : VNV089PBBE8</b>
City	State Zip Code	
Purpose of Disbursement Postage	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address PO Box 4003		Amount of Each Disbursement this Period 101.55 <b>Transaction ID : VNV089N7720</b>
City	State Zip Code	
Acworth	GA 30101-9004	
Purpose of Disbursement Telephone Service	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	112.60
<b>TOTAL</b> 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 88 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address PO Box 4003		Amount of Each Disbursement this Period 96.55
City Acworth	State GA	
Zip Code 30101-9004	Purpose of Disbursement Telephone Service	<b>Transaction ID : VNV089NJ5M6</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2014
Mailing Address PO Box 4003		Amount of Each Disbursement this Period 96.52
City Acworth	State GA	
Zip Code 30101-9004	Purpose of Disbursement mobile phone service	<b>Transaction ID : VNV089PBAN2</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Harry W. Wiggins</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2014
Mailing Address 3525 Waters End Trl		Amount of Each Disbursement this Period 279.10
City Lake Ridge	State VA	
Zip Code 22192-7114	Purpose of Disbursement Campaign Event Food	<b>Transaction ID : VNVZGD51749I</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	472.17
<b>TOTAL</b> 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 89 OF 91	
	<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)  
**Norm Mosher for Congress**

Full Name (Last, First, Middle Initial) <b>A. Williamsburg Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address PO Box 1188		Amount of Each Disbursement this Period \$ 176.49 <b>Transaction ID : VNVZGD517A6I</b>
City Williamsburg State VA Zip Code 23187-1188	Purpose of Disbursement Printing: Flyers for mailing	
Candidate Name <b>Williamsburg Democratic Committee</b>		* In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carolyn Young</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 544 Glebe Road PO Box 599		Amount of Each Disbursement this Period \$ 300.00 <b>Transaction ID : VNVZGD521F1I</b>
City Irvington State VA Zip Code 22480-2115	Purpose of Disbursement Food and Beverages for Fundraiser	
Candidate Name		* In-Kind Received
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 476.49
<b>TOTAL</b> This Period (last page this line number only).....	\$ 61928.27

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

NAME OF COMMITTEE (In Full)

**Norm Mosher for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Norm & Jan Mosher**

Mailing Address PO Box 725

City State Zip Code  
 Irvington VA 22480-0725

Nature of Debt (Purpose):  
 Computer Purchase

Outstanding Balance Beginning This Period 1189.27	<b>Transaction ID : VNS1R9H62G7</b>	
Amount Incurred This Period 0.00	Payment This Period 1189.27	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : VNS1R9H62G7

Jan Mosher paid for a campaign computer and is owed for it.

Form/Schedule:

Transaction ID: