

# 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  
**MARK GIBSON FOR CONGRESS**

ADDRESS (number and street) P.O. BOX 2321  
 Check if different than previously reported. (ACC) FAIRFAX VA 22031-2321

2. **FEC IDENTIFICATION NUMBER** C C00558783 CITY STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) VA 11

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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
04 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer MARK TIMOTHY GIBSON  
Signature of Treasurer MARK TIMOTHY GIBSON [Electronically Filed] Date M M / D D / Y Y Y Y  
07 / 14 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**MARK GIBSON FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	6000.00
(b) Total Contribution Refunds (from Line 20(d)) .....	4244.33	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-4244.33	6000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	372.98	1382.69
(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)).....	372.98	1382.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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

**MARK GIBSON FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	6000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	6000.00
<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>	0.00	6000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	372.98	1382.69
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 .....	4244.33	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)).....	4244.33	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4617.31	1382.69

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4617.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	4617.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4617.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 7	
	<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)  
**MARK GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MARK GIBSON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address P.O. BOX 2321		Amount of Each Disbursement this Period 156.49 <b>Transaction ID : SB17.4134</b>
City FAIRFAX	State VA	
Zip Code 22031-2321	Purpose of Disbursement BROOKE RENTAL -- TENT/CHAIRS/TABLE	Category/ Type 004
Candidate Name <b>MARK GIBSON FOR CONGRESS</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: 11	

Full Name (Last, First, Middle Initial) <b>B. MARK GIBSON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2014
Mailing Address P.O. BOX 2321		Amount of Each Disbursement this Period 10.63 <b>Transaction ID : SB17.4135</b>
City FAIRFAX	State VA	
Zip Code 22031-2321	Purpose of Disbursement SHOPPERS FOOD -- OFFICE SUPPLIES	Category/ Type 001
Candidate Name <b>MARK GIBSON FOR CONGRESS</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: 11	

Full Name (Last, First, Middle Initial) <b>C. MARK GIBSON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address P.O. BOX 2321		Amount of Each Disbursement this Period 10.63 <b>Transaction ID : SB17.4136</b>
City FAIRFAX	State VA	
Zip Code 22031-2321	Purpose of Disbursement SHOPPERS FOOD -- OFFICE SUPPLIES	Category/ Type 001
Candidate Name <b>MARK GIBSON FOR CONGRESS</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: 11	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	177.75
<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 6 OF 7
	<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)  
**MARK GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MARK GIBSON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address P.O. BOX 2321		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.4137</b>
City FAIRFAX	State VA	
Zip Code 22031-2321	Purpose of Disbursement UPS STORE -- NOTARY SERVICES	Category/ Type 001
Candidate Name <b>MARK GIBSON FOR CONGRESS</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: 11	

Full Name (Last, First, Middle Initial) <b>B. MARK GIBSON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address P.O. BOX 2321		Amount of Each Disbursement this Period 65.00 <b>Transaction ID : SB17.4138</b>
City FAIRFAX	State VA	
Zip Code 22031-2321	Purpose of Disbursement KEHOE LEPTAW ENTERPRISES -- NOTARY SERVICES	Category/ Type 001
Candidate Name <b>MARK GIBSON FOR CONGRESS</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: 11	

Full Name (Last, First, Middle Initial) <b>C. MARK GIBSON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address P.O. BOX 2321		Amount of Each Disbursement this Period 4.99 <b>Transaction ID : SB17.4129</b>
City FAIRFAX	State VA	
Zip Code 22031-2321	Purpose of Disbursement NETWORK SOLUTIONS -- HOSTED EMAIL	Category/ Type 001
Candidate Name <b>MARK GIBSON FOR CONGRESS</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: 11	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	89.99
<b>TOTAL</b> This Period (last page this line number only).....	267.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 7	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**MARK GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MARK TIMOTHY GIBSON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 2321		Amount of Each Disbursement this Period 4244.33 <b>Transaction ID : SB20A.4139</b>
City FAIRFAX	State VA Zip Code 22031	
Purpose of Disbursement REFUND TO THE CANDIDATE		Category/Type
Candidate Name <b>MARK GIBSON FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) <b>B.</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		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House	Disbursement For:	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<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		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House	Disbursement For:	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4244.33
<b>TOTAL</b> This Period (last page this line number only).....	4244.33