

RECEIVED  
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PUBLIC RECORDS

13 OCT 15 PM 2:38

Office Use Only

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Citizens for Joe Miller

ADDRESS (number and street)

913 College Road

Check if different than previously reported. (ACC)

Fairbanks

AK

99701

2. FEC IDENTIFICATION NUMBER ▼

C C00522730

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

AK 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY  
07 / 01 / 2013

through

MM / DD / YYYY  
09 / 30 / 2013

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 Bernadette Kopyy

Signature of Treasurer Bernadette Kopyy

Date

MM / DD / YYYY  
10 / 15 / 2013

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

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

13020431467

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 17

Write or Type Committee Name  
**Citizens for Joe Miller**

Report Covering the Period: From: 

M	M
07	

 / 

D	D
01	

 / 

Y	Y	Y	Y
2013			

 To: 

M	M
09	

 / 

D	D
30	

 / 

Y	Y	Y	Y
2013			

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) .....	13673.76	32101.45
(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)) .....	13673.76	32101.45
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	43440.49	86174.56
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	50.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	43440.49	86124.01
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>287705.43</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	

**For further information contact:**

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

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

13020431468

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 17

Write or Type Committee Name

Citizens for Joe Miller

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2013

To:

MM / DD / YYYY  
09 / 30 / 2013

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

4800.00

13900.00

(ii) Unitemized.....

8873.76

18201.45

(iii) TOTAL of contributions  
from individuals ▶

13673.76

32101.45

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

13673.76

32101.45

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0.00

435459.57

13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....

0.00

50.55

15. OTHER RECEIPTS  
(Dividends, Interest, etc.).....

17.24

351.42

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

13691.00

467962.99

13020431469

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43440.49	86174.56
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	94083.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	43440.49	180257.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	317454.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13691.00
25. SUBTOTAL (add Line 23 and Line 24).....	331145.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43440.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	287705.43

13020431470

**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 17
	<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)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RONALD R. BLAKEMAN**

Mailing Address **3408 WYOMING DR.**

City **ANCHORAGE** State **AK** Zip Code **99517-**

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

Name of Employer **ANCHORAGE SCHOOL DISTRICT** Occupation **CARPENTER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
**MM / DD / YYYY**  
**08 / 31 / 2013**

Transaction ID : **SA11.46296**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RONALD R. BLAKEMAN**

Mailing Address **3408 WYOMING DR.**

City **ANCHORAGE** State **AK** Zip Code **99517-**

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

Name of Employer **ANCHORAGE SCHOOL DISTRICT** Occupation **CARPENTER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
**MM / DD / YYYY**  
**09 / 30 / 2013**

Transaction ID : **SA11.46384**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. DEBRA BLOCK**

Mailing Address **P.O. BOX 77596**

City **HENDERSON** State **NV** Zip Code **89077-**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**MM / DD / YYYY**  
**08 / 06 / 2013**

Transaction ID : **SA11.46197**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**950.00**

13020431471

**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 17
	<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)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. EMMA L. CAMPBELL**

Mailing Address **1150 S. COLONY WAY  
SUITE 3 P.M.B. 226**

City **PALMER** State **AK** Zip Code **99645-6967**

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

Name of Employer **ARCTIC CHIROPRACTIC** Occupation **OFFICE MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**08 / 13 / 2013**

Transaction ID : **SA11.46200**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

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

Mailing Address **1150 S. COLONY WAY**

City **PALMER** State **AK** Zip Code **99645-6900**

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

Name of Employer **EXXONMOBIL** Occupation **SECURITY ADVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**07 / 01 / 2013**

Transaction ID : **SA11.46113**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY P. GABEL**

Mailing Address **425 CHN SAN ANTONIO PMB 463**

City **TAMUNING** State **GU** Zip Code **96913-3602**

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

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
**09 / 11 / 2013**

Transaction ID : **SA11.46332**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

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

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

**2000.00**

**2000.00**

13020431472

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**MARILYN D. NIELSON**

Mailing Address **P.O. BOX 3384**

City <b>TORRANCE</b>	State <b>CA</b>	Zip Code <b>90510-3384</b>
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.   C

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  

MM	DD	YYYY
08	14	2013

Transaction ID : **SA11.46205**

Amount of Each Receipt this Period  

<b>200.00</b>
---------------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DIANA ORROCK**

Mailing Address **22 DRIFTING SHADOW WAY**

City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89135-</b>
--------------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee.   C

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  

MM	DD	YYYY
09	29	2013

Transaction ID : **SA11.46329**

Amount of Each Receipt this Period  

<b>250.00</b>
---------------

CONTRIBUTION

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

Mailing Address **100 N. PRIMMROSE POINT**

City <b>SEDONA</b>	State <b>AZ</b>	Zip Code <b>86336-</b>
-----------------------	--------------------	---------------------------

FEC ID number of contributing federal political committee.   C

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  

MM	DD	YYYY
09	30	2013

Transaction ID : **SA11.46314**

Amount of Each Receipt this Period  

<b>250.00</b>
---------------

CONTRIBUTION

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

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

<b>700.00</b>
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13020431473

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial)  
**DR. CHRISTOPHER TWIFORD**

Mailing Address **P.O. BOX 3466**

City	State	Zip Code
<b>BETHEL</b>	<b>AK</b>	<b>99559-3466</b>

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

Name of Employer	Occupation
<b>ARCTIC CHIROPRACTIC</b>	<b>CHIROPRACTOR</b>

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>
---	--

Date of Receipt  
**MM / DD / YYYY**  
**07 / 01 / 2013**

Transaction ID : **SA11.46187**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**MS. LUCIA UIHLEIN**

Mailing Address **715 LANDS END DRIVE**

City	State	Zip Code
<b>LONGBOAT KEY</b>	<b>FL</b>	<b>34228-1055</b>

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

Name of Employer	Occupation
<b>SELF-EMPLOYED</b>	<b>SELF-EMPLOYED</b>

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>350.00</b>
---	---

Date of Receipt  
**MM / DD / YYYY**  
**08 / 30 / 2013**

Transaction ID : **SA11.46264**

Amount of Each Receipt this Period  
**150.00**  
CONTRIBUTION

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date

Date of Receipt  
**MM / DD / YYYY**

Amount of Each Receipt this Period

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

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

**1150.00**

**4800.00**

13020431474



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

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

**A.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address **1717 KING STREET**

City **ALEXANDRIA** State **VA** Zip Code **23214**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **324.04**

Date of Receipt  
 MM / DD / YYYY  
**07 / 31 / 2013**

Transaction ID : **SA15.01**

Amount of Each Receipt this Period  
**8.38**

**INTEREST INCOME**

**B.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address **1717 KING STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **324.04**

Date of Receipt  
 MM / DD / YYYY  
**08 / 30 / 2013**

Transaction ID : **SA15.02**

Amount of Each Receipt this Period  
**4.51**

**INTEREST INCOME**

**C.** Full Name (Last, First, Middle Initial)  
**BB&T**

Mailing Address **1717 KING STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **324.04**

Date of Receipt  
 MM / DD / YYYY  
**09 / 30 / 2013**

Transaction ID : **SA15.03**

Amount of Each Receipt this Period  
**4.35**

**INTEREST INCOME**

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

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

**17.24**

**17.24**

13020431475

**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 10 OF 17

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Citizens for Joe Miller

**A. RANDY DESOTO**

Full Name (Last, First, Middle Initial)  
Mailing Address 5506 AURELIA ST

City SIMI VALLEY State CA Zip Code 93063

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 28 / 2013

Amount of Each Disbursement this Period: 1200.00

Transaction ID : SB17.37

Category/Type

**B. RANDY DESOTO**

Full Name (Last, First, Middle Initial)  
Mailing Address 5506 AURELIA ST

City SIMI VALLEY State CA Zip Code 93063

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 16 / 2013

Amount of Each Disbursement this Period: 1925.00

Transaction ID : SB17.38

Category/Type

**C. JUSTIN T. HART**

Full Name (Last, First, Middle Initial)  
Mailing Address 42857 CHESTERTON STREET

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement WEBSITE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 16 / 2013

Amount of Each Disbursement this Period: 1535.40

Transaction ID : SB17.13

Category/Type

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

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

4660.40

13020431476

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

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NAME OF COMMITTEE (In Full)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. JUSTIN T. HART</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2013
Mailing Address 42857 CHESTERTON STREET		Amount of Each Disbursement this Period 4400.00 Transaction ID : SB17.14
City ASHBURN	State VA	
Zip Code 20147	Purpose of Disbursement WEBSITE SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MATTHEW JOHNSON</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2013
Mailing Address PO BOX 670791		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.24
City CHUGIAK	State AK	
Zip Code 99567	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MATTHEW JOHNSON</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2013
Mailing Address PO BOX 670791		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.25
City CHUGIAK	State AK	
Zip Code 99567	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10400.00
<b>TOTAL</b> This Period (last page this line number only) .....	

13020431477

**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 12 OF 17
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. MATTHEW JOHNSON</b>		Date of Disbursement MM / DD / YYYY <b>08 / 15 / 2013</b>
Mailing Address <b>PO BOX 670791</b>		Amount of Each Disbursement this Period <b>3000.00</b> Transaction ID : <b>SB17.26</b>
City <b>CHUGIAK</b> State <b>AK</b> Zip Code <b>99567</b>	Purpose of Disbursement <b>POLITICAL STRATEGY CONSULTING</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MATTHEW JOHNSON</b>		Date of Disbursement MM / DD / YYYY <b>08 / 31 / 2013</b>
Mailing Address <b>PO BOX 670791</b>		Amount of Each Disbursement this Period <b>3000.00</b> Transaction ID : <b>SB17.27</b>
City <b>CHUGIAK</b> State <b>AK</b> Zip Code <b>99567</b>	Purpose of Disbursement <b>POLITICAL STRATEGY CONSULTING</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MATTHEW JOHNSON</b>		Date of Disbursement MM / DD / YYYY <b>09 / 16 / 2013</b>
Mailing Address <b>PO BOX 670791</b>		Amount of Each Disbursement this Period <b>3000.00</b> Transaction ID : <b>SB17.28</b>
City <b>CHUGIAK</b> State <b>AK</b> Zip Code <b>99567</b>	Purpose of Disbursement <b>POLITICAL STRATEGY CONSULTING</b>	
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).....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

13020431478

**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 13 OF 17
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial)  
**A. ALASKA AIRLINES**

Mailing Address **PO BOX 68900**

City **SEATTLE** State **WA** Zip Code **98168**

Purpose of Disbursement  
**TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**09 / 17 / 2013**

Amount of Each Disbursement this Period  
**1407.97**

Transaction ID : **SB17.29**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. BANK OF AMERICA**

Mailing Address **PO BOX 851001**

City **DALLAS** State **TX** Zip Code **75285**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**07 / 18 / 2013**

Amount of Each Disbursement this Period  
**239.95**

Transaction ID : **SB17.30**

ITEMIZATION NOT REQUIRED

Category/Type

Full Name (Last, First, Middle Initial)  
**C. BANK OF AMERICA**

Mailing Address **PO BOX 851001**

City **DALLAS** State **TX** Zip Code **75285**

Purpose of Disbursement  
**CREDIT CARD PAYMENT**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
**08 / 17 / 2013**

Amount of Each Disbursement this Period  
**3840.79**

Transaction ID : **SB17.31**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **5488.71**

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

13020431479

**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 14 OF 17			
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. ALASKA AIRLINES</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2013
Mailing Address PO BOX 68900		Amount of Each Disbursement this Period 3360.40
City SEATTLE	State WA	
Zip Code 98168	Purpose of Disbursement TRAVEL	Transaction ID : SB17.31.1
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PARAMOUNT COMMUNICATIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2013
Mailing Address 525-K EAST MARKET ST STE 114		Amount of Each Disbursement this Period 350.00
City LEESBURG	State VA	
Zip Code 20176	Purpose of Disbursement WEB/EMAIL SERVICES	Transaction ID : SB17.31.2
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2013
Mailing Address 1593 SPRING HILL ROAD STE 400		Amount of Each Disbursement this Period 319.88
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.2
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).....	319.88
<b>TOTAL</b> This Period (last page this line number only).....	

13020431480

**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 15 OF 17			
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement
Mailing Address 1593 SPRING HILL ROAD STE 400		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATA MANAGEMENT SERVICES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement
Mailing Address 1593 SPRING HILL ROAD STE 400		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATA MANAGEMENT SERVICES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="2833.33"/>
Candidate Name	Category/ Type	Transaction ID : SB17.4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement
Mailing Address 1593 SPRING HILL ROAD STE 400		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATA MANAGEMENT SERVICES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3750.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.5
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).....	<input type="text" value="7083.33"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

13020431481

**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 16 OF 17			
	<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)  
**Citizens for Joe Miller**

Full Name (Last, First, Middle Initial) <b>A. COMPLIANCE CONSULTING LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2013
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.23
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FOLEY &amp; LARDNER LLP</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2013
Mailing Address 3000 K STREET NW #600		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.8
City WASHINGTON	State DC	
Zip Code 20007	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MERCHANT SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2013
Mailing Address 3120 SOVEREIGN DR STE 4A		Amount of Each Disbursement this Period 374.38 Transaction ID : SB17.11
City LANSING	State MI	
Zip Code 48911	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1424.38
<b>TOTAL</b> This Period (last page this line number only).....	

13020431482



**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 17 OF 17

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

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NAME OF COMMITTEE (In Full)

Citizens for Joe Miller

Full Name (Last, First, Middle Initial)

**A. WILLIAM J. OLSEN PC**

Mailing Address 370 MAPLE AVENUE  
STE 4

City VIENNA State VA Zip Code 22180

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	15	2013

Amount of Each Disbursement this Period

975.00
--------

Transaction ID : SB17.34

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. WILLIAM J. OLSEN PC**

Mailing Address 370 MAPLE AVENUE  
STE 4

City VIENNA State VA Zip Code 22180

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	15	2013

Amount of Each Disbursement this Period

3471.47
---------

Transaction ID : SB17.35

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y

Amount of Each Disbursement this Period

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Category/  
Type

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

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

4446.47
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42823.17
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13020431483

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

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DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

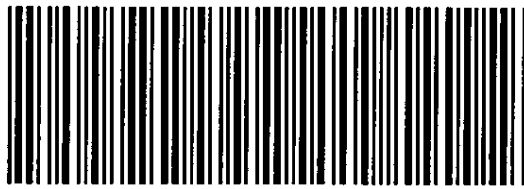
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FAX \_\_\_\_\_  
Date of Receipt

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13020431484



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