

**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

TAYLOR GRIFFIN FOR CONGRESS

ADDRESS (number and street)

PO BOX 3451

Check if different
than previously
reported. (ACC)

NEW BERN

NC

28564

2. FEC IDENTIFICATION NUMBER ▼

C

C00550053

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NC

03

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
05 06 2014in the
State of

NC

(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
04 01 2014

through

M M / D D / Y Y Y Y
04 16 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 HENRY CLARK WARD

Signature of Treasurer

HENRY CLARK WARD

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 24 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.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 19

Write or Type Committee Name

TAYLOR GRIFFIN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

	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))....	31675.00	255925.54
(b) Total Contribution Refunds (from Line 20(d))	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	31675.00	254925.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	94742.22	227604.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4.02
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	94742.22	227600.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	34325.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	7500.00	

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)

PAGE 3 / 19

Write or Type Committee Name

TAYLOR GRIFFIN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

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).....**

21000.00

224060.54

(ii) Unitemized.....

675.00

8365.00

(iii) TOTAL of contributions from individuals ▶

21675.00

232425.54

(b) Political Party Committees.....

0.00

0.00

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

10000.00

21000.00

(d) The Candidate.....

0.00

2500.00

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

31675.00

255925.54

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

7500.00

(b) All Other Loans.....

0.00

0.00

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

0.00

7500.00

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

0.00

4.02

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

0.00

0.00

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

31675.00

263429.56

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	94742.22	227604.35
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	1000.00
(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	1000.00
21. OTHER DISBURSEMENTS	0.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	94742.22	229104.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	97392.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31675.00
25. SUBTOTAL (add Line 23 and Line 24).....	129067.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	94742.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	34325.21

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

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

FOR LINE NUMBER:

PAGE 5 OF 19

(check only one)

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

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

NAME OF COMMITTEE (In Full)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

JANET L BERMAN

A.

Mailing Address 3055 WHITEHAVEN ST NW

City

WASHINGTON

State

DC

Zip Code

20008

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

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2014

Transaction ID : SA11AI.470

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

RONALD H BLOOM

B.

Mailing Address 1187 SUMMIT DR.

City

BEVERLY HILLS

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer

CROWN ASSOCIATES REALTY, INC.

Occupation

REAL ESTATE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2014

Transaction ID : SA11AI.496

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

TUCKER S BOUNDS

C.

Mailing Address 3006 CASTRO ST.

City

SAN FRANCISCO

State

CA

Zip Code

94131

FEC ID number of contributing
federal political committee.

C

Name of Employer

FACEBOOK

Occupation

DIRECTOR OF CORPORATE COMMUNICATI

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11AI.498

Amount of Each Receipt this Period

500.00

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

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

4100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

VICTOR CHALTIEL**A.**

Mailing Address 908 TROPHY HILLS DR.

City

LAS VEGAS

State

NV

Zip Code

89134

FEC ID number of contributing
federal political committee.

C

Name of Employer

REDHILLS VENTURES, LLC

Occupation

FOUNDER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		01		2014

Transaction ID : SA11AI.494

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

JESSE COHN**B.**Mailing Address 101 WARREN ST.
APT. 2840

City

NEW YORK

State

NY

Zip Code

10007

FEC ID number of contributing
federal political committee.

C

Name of Employer

ELLIOTT MANAGEMENT

Occupation

PORTFOLIO MANAGER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2014

Transaction ID : SA11AI.501

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

DONALD EVANS**C.**

Mailing Address PO BOX 50990

City

MIDLAND

State

TX

Zip Code

79710

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11AI.474

Amount of Each Receipt this Period

100.00

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

5300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

SUSAN M EVANS**A.**

Mailing Address PO BOX 50990

City

MIDLAND

State

TX

Zip Code

79710

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

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11AI.473

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

LEE GRINBERG**B.**

Mailing Address 31 E 12TH ST.

City

NEW YORK

State

NY

Zip Code

10003

FEC ID number of contributing
federal political committee.

C

Name of Employer

ELLIOTT MANAGEMENT CORP.

Occupation

FINANCE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2014

Transaction ID : SA11AI.500

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

WILLIAM H HECHT**C.**

Mailing Address 2228 ARYNESS DR.

City

VIENNA

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer

HECHT, SPENCE, & ASSOCIATES

Occupation

PRINCIPAL

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2014

Transaction ID : SA11AI.469

Amount of Each Receipt this Period

2600.00

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

7800.00

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:

PAGE 8 OF 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MICHAEL KASSEN

A.

Mailing Address 315 NORTH AVE.

City

WESTPORT

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : SA11AI.506

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

FREDERICK J MCCUNE

B.

Mailing Address 608 ANN STREET

City

BEAUFORT

State

NC

Zip Code

28516

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

635.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2014

Transaction ID : SA11AI.476

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

JOHN W PERRY

C.

Mailing Address 75 W END AVE.
APT. P35A

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAVIS POLK & WARDWELL, LLP

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2014

Transaction ID : SA11AI.495

Amount of Each Receipt this Period

250.00

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

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

2450.00

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

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

FOR LINE NUMBER:

PAGE 9 OF 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

PATRICK RAFFANIELLO

A.

Mailing Address 1161 OLD GATE CT.

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2014

Transaction ID : SA11AI.503

Amount of Each Receipt this Period

1050.00

Full Name (Last, First, Middle Initial)

DORA W TAYLOR

B.

Mailing Address 3535 COUNTRY CLUB RD.

City

TRENT WOODS

State

NC

Zip Code

28562

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
04		16		2014

Transaction ID : SA11AI.505

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C.

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).....

1350.00

21000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 19

<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)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

GOP GENERATION Y FUND

Mailing Address PO BOX 9055

City

PEORIA

State

IL

Zip Code

61612

FEC ID number of contributing
federal political committee.**C** C00448191

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2014

Transaction ID : SA11C.472

Amount of Each Receipt this Period

5000.00

A.

Full Name (Last, First, Middle Initial)

REPUBLICAN JEWISH COALITION-POLITICAL ACTION COMMITTEE (RJC-PAC)

Mailing Address 50 F STREET NW SUITE 100

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00345132

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2014

Transaction ID : SA11C.478

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

C.

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

10000.00

10000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 19

<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)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ALPHAGRAPHSMailing Address 301 ASHVILLE AVE
SUITE 121

City CARY State NC Zip Code 27518

Purpose of Disbursement
PRINTING

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
04		16		2014

Amount of Each Disbursement this Period

3704.59

Transaction ID : SB17.522

B. BEAUFORT OBSERVER

Mailing Address 208 N MARKET ST

City WASHINGTON State NC Zip Code 27889

Purpose of Disbursement
ONLINE ADVERTISING

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
04		09		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.515

C. CALLFIRE

Mailing Address 1410 2ND ST STE 200

City SANTA MONICA State CA Zip Code 90401

Purpose of Disbursement
TEXT MESSAGE BLAST

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
04		10		2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.488

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

4804.59

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 19

<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)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAMPAIGN GENERAL

Mailing Address PO BOX 2057

City	State	Zip Code
BEAUFORT	NC	28516

Purpose of Disbursement
MEDIA BUY

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

60647.00

Transaction ID : SB17.491

B. CAMPAIGN GENERAL

Mailing Address PO BOX 2057

City	State	Zip Code
BEAUFORT	NC	28516

Purpose of Disbursement
STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.492

C. CAPTAIN RATTY'S

Mailing Address 202 MIDDLE STREET

City	State	Zip Code
NEW BERN	NC	28560

Purpose of Disbursement
MEETING EXPENSE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

255.96

Transaction ID : SB17.487

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

65902.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 19

<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)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ELECTEK

Mailing Address 4017 WASHINGTON ROAD STE 164

City	State	Zip Code
CANNONSBURG	PA	15317

Purpose of Disbursement
COMPLIANCE SOFTWARE

001

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2014

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.514

B. ON MESSAGE INC.Mailing Address 815 SLATERS LN
FIRST FLOOR

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
POLLING

001

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

Amount of Each Disbursement this Period

16790.40

Transaction ID : SB17.521

C. PIRYX INC

Mailing Address 144 2ND ST 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CC TRANSACTION FEES

001

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

155.25

Transaction ID : SB17.485

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

17645.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 19

<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)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PIRYX INC

Mailing Address 144 2ND ST 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CC TRANSACTION FEES

001

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
04		02		2014

Amount of Each Disbursement this Period

14.38

Transaction ID : SB17.486

B. PIRYX INC

Mailing Address 144 2ND ST 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CC TRANSACTION FEES

001

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
04		04		2014

Amount of Each Disbursement this Period

149.50

Transaction ID : SB17.484

C. PIRYX INC

Mailing Address 144 2ND ST 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CC TRANSACTION FEES

001

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
04		06		2014

Amount of Each Disbursement this Period

2.88

Transaction ID : SB17.483

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

166.76

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 19

<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)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PIRYX INC

Mailing Address 144 2ND ST 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CC TRANSACTION FEES

001

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
04		08		2014

Amount of Each Disbursement this Period

28.75

Transaction ID : SB17.482

B. PIRYX INC

Mailing Address 144 2ND ST 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CC TRANSACTION FEES

001

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
04		11		2014

Amount of Each Disbursement this Period

454.25

Transaction ID : SB17.481

C. PIRYX INC

Mailing Address 144 2ND ST 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CC TRANSACTION FEES

001

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
04		13		2014

Amount of Each Disbursement this Period

1.44

Transaction ID : SB17.480

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

484.44

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 19

<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)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PIRYX INC

Mailing Address 144 2ND ST 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CC TRANSACTION FEES

001

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
04		14		2014

Amount of Each Disbursement this Period

951.63

Transaction ID : SB17.479

B. PIRYX INC

Mailing Address 144 2ND ST 1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CC TRANSACTION FEES

001

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
04		16		2014

Amount of Each Disbursement this Period

115.00

Transaction ID : SB17.504

C. PROFESSIONAL DATA SERVICES

Mailing Address 2470 DANIELS BRIDGE RD #121

City	State	Zip Code
ATHENS	GA	30606

Purpose of Disbursement
COMPLIANCE CONSULTING

001

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
04		10		2014

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.516

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

1766.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 19

<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)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICES

Mailing Address 2470 DANIELS BRIDGE RD #121

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

City	State	Zip Code
ATHENS	GA	30606

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
COMPLIANCE CONSULTING

001

Transaction ID : SB17.517

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. SBR ENTERPRISES LLC

Mailing Address 25023 ALGONQUIN TRAIL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2014

City	State	Zip Code
CULPEPPER	VA	22701

Amount of Each Disbursement this Period

2907.16

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Transaction ID : SB17.518

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)

C. STAPLES

Mailing Address 3230 DR MARTIN LUTHER KING JR BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

City	State	Zip Code
NEW BERN	NC	28562

Amount of Each Disbursement this Period

169.32

Purpose of Disbursement
OFFICE SUPPLIES

001

Transaction ID : SB17.490

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:

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

3876.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 19

<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)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 1620 OLD CHERRY POINT RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

City	State	Zip Code
NEW BERN	NC	28560

Amount of Each Disbursement this Period

Purpose of Disbursement
POSTAGE

001

54.27

Transaction ID : SB17.489

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

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

54.27

94701.78

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 19

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.221

TAYLOR GRIFFIN FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

WILLIAM T GRIFFIN

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6113 HARBOURSIDE DRIVE

City

State

ZIP Code

NEW BERN

NC

28560

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 31 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2027

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

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

7500.00

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