

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Concerned American Voters

ADDRESS (number and street) 3030 Clarendon Blvd Ste 204
Arlington VA 22201
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00525899 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 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 Edward King

Signature of Treasurer Edward King [Electronically Filed] Date 07 15 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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Concerned American Voters**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="1869.32"/>	<input type="text" value="1869.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1869.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="70157.50"/>	<input type="text" value="70157.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="72026.82"/>	<input type="text" value="72026.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67107.67"/>	<input type="text" value="67107.67"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4919.15"/>	<input type="text" value="4919.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

Concerned American Voters

Report Covering the Period: From: 04 / 01 / 2014 To: 06 / 30 / 2014

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	70157.50	70157.50
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	70157.50	70157.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶	70157.50	70157.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	70157.50	70157.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	70157.50	70157.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	32139.65	32139.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	32139.65	32139.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	34968.02	34968.02
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67107.67	67107.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67107.67	67107.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	70157.50	70157.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	70157.50	70157.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	32139.65	32139.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	32139.65	32139.65

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

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

FOR LINE NUMBER: PAGE 6 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)  
**A. Young Americans for Liberty Inc**

Mailing Address PO Box 2751

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3528.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2014  
**Transaction ID : SA11AI.4636**

Amount of Each Receipt this Period  
3528.00

In-kind - Room Rental - Best Western Hotel

Full Name (Last, First, Middle Initial)  
**B. Young Americans for Liberty Inc**

Mailing Address PO Box 2751

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
28538.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2014  
**Transaction ID : SA11AI.4637**

Amount of Each Receipt this Period  
10.00

In-kind: Payment made to Google for Voice number

Full Name (Last, First, Middle Initial)  
**C. Young Americans for Liberty Inc**

Mailing Address PO Box 2751

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
28528.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2014  
**Transaction ID : SA11AI.4638**

Amount of Each Receipt this Period  
25000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 28538.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)  
**A. Young Americans for Liberty Inc**

Mailing Address PO Box 2751

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
32906.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : SA11AI.4639**

Amount of Each Receipt this Period  
4368.00

In-kind - Room Rental - Best Western Hotel

Full Name (Last, First, Middle Initial)  
**B. Young Americans for Liberty Inc**

Mailing Address PO Box 2751

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
33157.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2014  
**Transaction ID : SA11AI.4640**

Amount of Each Receipt this Period  
251.50

In-kind - Ticket - US Airways Kate Miucci

Full Name (Last, First, Middle Initial)  
**C. Young Americans for Liberty Inc**

Mailing Address PO Box 2751

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
58157.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2014  
**Transaction ID : SA11AI.4641**

Amount of Each Receipt this Period  
25000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 29619.50

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

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

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

FOR LINE NUMBER: PAGE 8 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)  
**A. Young Americans for Liberty Inc**

Mailing Address PO Box 2751

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
70157.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014  
**Transaction ID : SA11AI.4642**

Amount of Each Receipt this Period  
12000.00

Contribution

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

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	70157.50



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

### A. Baja Fresh

Mailing Address 3231 Duke St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2014

Transaction ID : SB21B.4691

Amount of Each Disbursement this Period

164.98

Category/  
Type

Full Name (Last, First, Middle Initial)

### B. Baja Fresh

Mailing Address 3231 Duke St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2014

Transaction ID : SB21B.4717

Amount of Each Disbursement this Period

164.98

Category/  
Type

Full Name (Last, First, Middle Initial)

### C. Baja Fresh

Mailing Address 3231 Duke St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

Transaction ID : SB21B.4753

Amount of Each Disbursement this Period

164.98

Category/  
Type

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

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

494.94

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Best Western**

Mailing Address 6721 Commerce St.

City Springfield State VA Zip Code 22150

Purpose of Disbursement  
Call agent lodging

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SB21B.4711

Amount of Each Disbursement this Period

4368.00

Full Name (Last, First, Middle Initial)

**B. Best Western**

Mailing Address 6721 Commerce St.

City Springfield State VA Zip Code 22150

Purpose of Disbursement  
Call agent lodging

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : SB21B.4737

Amount of Each Disbursement this Period

2184.00

Full Name (Last, First, Middle Initial)

**C. Boston Market**

Mailing Address 6650 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2014

Transaction ID : SB21B.4659

Amount of Each Disbursement this Period

231.79

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

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

6783.79

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Boston Market**

Mailing Address 6650 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4684**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Boston Market**

Mailing Address 6650 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4713**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Boston Market**

Mailing Address 6650 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4744**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Chick-fil-A**

Mailing Address 2200 Crstal Dr

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2014

Transaction ID : SB21B.4692

Amount of Each Disbursement this Period

229.35

Full Name (Last, First, Middle Initial)

**B. Chick-fil-A**

Mailing Address 2200 Crstal Dr

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2014

Transaction ID : SB21B.4723

Amount of Each Disbursement this Period

166.65

Full Name (Last, First, Middle Initial)

**C. Chick-fil-A**

Mailing Address 2200 Crstal Dr

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2014

Transaction ID : SB21B.4752

Amount of Each Disbursement this Period

166.65

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

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

562.65

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Chipotle**

Mailing Address 6770 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

Transaction ID : SB21B.4681

Amount of Each Disbursement this Period

112.78

Full Name (Last, First, Middle Initial)

**B. Chipotle**

Mailing Address 6770 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2014

Transaction ID : SB21B.4699

Amount of Each Disbursement this Period

17.91

Full Name (Last, First, Middle Initial)

**C. Chipotle**

Mailing Address 6770 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2014

Transaction ID : SB21B.4741

Amount of Each Disbursement this Period

142.25

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

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

272.94

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Chipotle**

Mailing Address 6770 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : SB21B.4763**

Amount of Each Disbursement this Period

19.98

Full Name (Last, First, Middle Initial)

**B. Delta Airlines**

Mailing Address 6000 N Terminal Pkwy

City Atlanta State GA Zip Code 30337

Purpose of Disbursement  
Travel - Ticket Purchase

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2014

**Transaction ID : SB21B.4676**

Amount of Each Disbursement this Period

374.00

Full Name (Last, First, Middle Initial)

**C. Dishes of India**

Mailing Address 1510ABelle View Blvd

City Alexandria State VA Zip Code 22307

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

**Transaction ID : SB21B.4732**

Amount of Each Disbursement this Period

222.60

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

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

616.58

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Famous Dave's**

Mailing Address 6630 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2014

Transaction ID : SB21B.4693

Amount of Each Disbursement this Period

209.64

Full Name (Last, First, Middle Initial)

**B. Famous Dave's**

Mailing Address 6630 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2014

Transaction ID : SB21B.4748

Amount of Each Disbursement this Period

219.18

Full Name (Last, First, Middle Initial)

**C. Five Guys**

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2014

Transaction ID : SB21B.4664

Amount of Each Disbursement this Period

201.09

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

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

629.91

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Five Guys**

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2014

Transaction ID : SB21B.4690

Amount of Each Disbursement this Period

196.28

Full Name (Last, First, Middle Initial)

**B. Five Guys**

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2014

Transaction ID : SB21B.4730

Amount of Each Disbursement this Period

182.88

Full Name (Last, First, Middle Initial)

**C. Five Guys**

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2014

Transaction ID : SB21B.4756

Amount of Each Disbursement this Period

149.38

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

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

528.54



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Frontier**

Mailing Address 7001 Tower Rd.

City State Zip Code  
Denver CO 80249

Purpose of Disbursement  
Travel expense - Airline Ticket

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2014

**Transaction ID : SB21B.4734**

Amount of Each Disbursement this Period

222.00

Full Name (Last, First, Middle Initial)

**B. Frontier**

Mailing Address 7001 Tower Rd.

City State Zip Code  
Denver CO 80249

Purpose of Disbursement  
Travel expense - cab fare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2014

**Transaction ID : SB21B.4762**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Giant**

Mailing Address 6800 Richmond Hwy

City State Zip Code  
Alexandria VA 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2014

**Transaction ID : SB21B.4728**

Amount of Each Disbursement this Period

146.36

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

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

388.36

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Giant**

Mailing Address 6800 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4747**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Giant**

Mailing Address 6800 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4751**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jimmy John's**

Mailing Address 6305 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4670**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Jimmy John's**

Mailing Address 6305 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4685**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Jimmy John's**

Mailing Address 6305 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4708**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jimmy John's**

Mailing Address 6305 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4736**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. New China Taste**

Mailing Address 5910 N Kings Hwy

City Alexandria State VA Zip Code 22303

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2014

Transaction ID : **SB21B.4668**

Amount of Each Disbursement this Period

230.00

Full Name (Last, First, Middle Initial)

**B. NorthStar Campaign Systems**

Mailing Address 11237 Davenport St.  
Ste 110B

City Omaha State NE Zip Code 68156

Purpose of Disbursement  
CRM System Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2014

Transaction ID : **SB21B.4680**

Amount of Each Disbursement this Period

1475.00

Full Name (Last, First, Middle Initial)

**C. NorthStar Campaign Systems**

Mailing Address 11237 Davenport St.  
Ste 110B

City Omaha State NE Zip Code 68156

Purpose of Disbursement  
CRM Monthly Service Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2014

Transaction ID : **SB21B.4770**

Amount of Each Disbursement this Period

750.00

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

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

2455.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Paisano's Pizza**

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2014

Transaction ID : **SB21B.4688**

Amount of Each Disbursement this Period

134.44

Full Name (Last, First, Middle Initial)

**B. Paisano's Pizza**

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2014

Transaction ID : **SB21B.4714**

Amount of Each Disbursement this Period

126.03

Full Name (Last, First, Middle Initial)

**C. Paisano's Pizza**

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

Transaction ID : **SB21B.4731**

Amount of Each Disbursement this Period

139.44

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

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

399.91

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Paisano's Pizza**

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : SB21B.4755**

Amount of Each Disbursement this Period

203.03

Full Name (Last, First, Middle Initial)

**B. Panda Express**

Mailing Address 6307 Richmond Hwy

City Richmond State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2014

**Transaction ID : SB21B.4724**

Amount of Each Disbursement this Period

147.34

Full Name (Last, First, Middle Initial)

**C. PASS**

Mailing Address 1950 Roland Clarke Place  
Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement  
FEC Compliance Reporting Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2014

**Transaction ID : SB21B.4679**

Amount of Each Disbursement this Period

4600.83

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

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

4951.20

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Potbelly's Sandwiches**

Mailing Address 401 John Caryle St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2014

Transaction ID : SB21B.4727

Amount of Each Disbursement this Period

184.40

Full Name (Last, First, Middle Initial)

**B. Target**

Mailing Address 6600 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : SB21B.4720

Amount of Each Disbursement this Period

110.15

Full Name (Last, First, Middle Initial)

**C. Target**

Mailing Address 6600 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : SB21B.4722

Amount of Each Disbursement this Period

25.96

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

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

320.51

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Target**

Mailing Address 6600 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2014

**Transaction ID : SB21B.4729**

Amount of Each Disbursement this Period

59.03

Full Name (Last, First, Middle Initial)

**B. Target**

Mailing Address 6600 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2014

**Transaction ID : SB21B.4742**

Amount of Each Disbursement this Period

132.32

Full Name (Last, First, Middle Initial)

**C. Target**

Mailing Address 6600 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : SB21B.4754**

Amount of Each Disbursement this Period

19.06

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

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

210.41



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 600 Jefferson St Ste 1900

City Houston State TX Zip Code 77002

Purpose of Disbursement  
Travel - ticket purchase

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2014

**Transaction ID : SB21B.4716**

Amount of Each Disbursement this Period

309.00

Full Name (Last, First, Middle Initial)

**B. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
General Operations - office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2014

**Transaction ID : SB21B.4648**

Amount of Each Disbursement this Period

432.71

Full Name (Last, First, Middle Initial)

**C. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
General Operations - Office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2014

**Transaction ID : SB21B.4658**

Amount of Each Disbursement this Period

12.23

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

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

753.94

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
General Operations - Office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4671**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
General Operations - Office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4673**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
General Operations - Office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4678**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4683**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4689**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4709**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
General Operations - Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SB21B.4715

Amount of Each Disbursement this Period

36.65

Full Name (Last, First, Middle Initial)

**B. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2014

Transaction ID : SB21B.4725

Amount of Each Disbursement this Period

48.69

Full Name (Last, First, Middle Initial)

**C. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
General Operations - Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2014

Transaction ID : SB21B.4726

Amount of Each Disbursement this Period

17.96

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

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

103.30

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Wal-Mart**

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement  
Call agent food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

**Transaction ID : SB21B.4759**

Amount of Each Disbursement this Period

3	6	.	6	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Young Americans for Liberty Inc**

Mailing Address PO Box 2751

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
In-kind - Room Rental - Best Western Hotel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	4

**Transaction ID : SB21B.4646**

Amount of Each Disbursement this Period

3	5	2	8	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Young Americans for Liberty Inc**

Mailing Address PO Box 2751

City Arlington State VA Zip Code 22202

Purpose of Disbursement  
In-kind: Payment made to Google for Voice number

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

**Transaction ID : SB21B.4645**

Amount of Each Disbursement this Period

1	0	.	0	0
---	---	---	---	---

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

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

3	5	7	4	.	6	5
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Concerned American Voters**

Full Name (Last, First, Middle Initial)

**A. Young Americans for Liberty Inc**

Mailing Address PO Box 2751

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
In-kind - Room Rental - Best Western Hotel

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
0	5		1	6		2	0	1	4

**Transaction ID : SB21B.4644**

Amount of Each Disbursement this Period

4	3	6	8	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Young Americans for Liberty Inc**

Mailing Address PO Box 2751

City State Zip Code  
Arlington VA 22202

Purpose of Disbursement  
In-kind - Ticket - US Airways Kate Miucci

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
0	5		2	1		2	0	1	4

**Transaction ID : SB21B.4643**

Amount of Each Disbursement this Period

2	5	1	.	5	0
---	---	---	---	---	---

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

--	--	--	--	--	--

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

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

4	6	1	9	.	5	0
---	---	---	---	---	---	---

2	9	1	8	.	5	4
---	---	---	---	---	---	---

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Concerned American Voters
FEC IDENTIFICATION NUMBER
C C00525899
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
CAV call agent salary
Mailing Address
3030 Clarendon Blvd Ste 204
City
Arlington State
VA Zip Code
22201
Date of Public Distribution/Dissemination
05 / 16 / 2014
Amount
4300.00
Transaction ID : SE.4784
Date of Disbursement or Obligation
05 / 16 / 2014
Purpose of Expenditure
Call agent salary - Phone bank (5/10/14 - 5/20/14)
Category/Type
001
Name of Federal Candidate
BRYAN SMITH
Support
Office Sought: House District: 02
Disbursement For: Primary

Full Name of Payee
CAV call agent salary
Mailing Address
3030 Clarendon Blvd Ste 204
City
Arlington State
VA Zip Code
22201
Date of Public Distribution/Dissemination
05 / 23 / 2014
Amount
4780.00
Transaction ID : SE.4793
Date of Disbursement or Obligation
05 / 23 / 2014
Purpose of Expenditure
Call agent salary - Phone bank (5/22/14 - 5/25/14)
Category/Type
001
Name of Federal Candidate
IGOR A BIRMAN
Support
Office Sought: House District: 07
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures..... 9080.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Edward King
[Electronically Filed]
Date 07 / 15 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Concerned American Voters
FEC IDENTIFICATION NUMBER
C C00525899
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
CAV call agent salary
Mailing Address
3030 Clarendon Blvd Ste 204
City
Arlington State
VA Zip Code
22201
Date of Public Distribution/Dissemination
05 / 30 / 2014
Amount
4980.00
Transaction ID : SE.4802
Date of Disbursement or Obligation
05 / 30 / 2014
Purpose of Expenditure
Call agent salary - Phone bank (5/26/14 - 5/30/14)
Category/Type
001
Name of Federal Candidate
IGOR A BIRMAN
Support
Office Sought: House District: 07
State: CA
Disbursement For: Primary
Calendar Year-To-Date
Per Election for Office Sought
14429.02

Full Name of Payee
CAV call agent salary
Mailing Address
3030 Clarendon Blvd Ste 204
City
Arlington State
VA Zip Code
22201
Date of Public Distribution/Dissemination
06 / 03 / 2014
Amount
3145.00
Transaction ID : SE.4807
Date of Disbursement or Obligation
06 / 03 / 2014
Purpose of Expenditure
Call agent salary - Phone bank (5/31/14 - 6/3/2014)
Category/Type
001
Name of Federal Candidate
IGOR A BIRMAN
Support
Office Sought: House District: 07
State: CA
Disbursement For: Primary
Calendar Year-To-Date
Per Election for Office Sought
21564.33

(a) SUBTOTAL of Itemized Independent Expenditures 8125.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Edward King
[Electronically Filed]
Date 07 / 15 / 2014
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Concerned American Voters
FEC IDENTIFICATION NUMBER
C C00525899
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee i360
Mailing Address PO Box 37046
City Baltimore State MD Zip Code 21297
Purpose of Expenditure List purchase Category/Type 001
Name of Federal Candidate BRYAN SMITH Support
Office Sought: House District: 02 State: ID
Disbursement For: Primary 2014

Full Name of Payee i360
Mailing Address PO Box 37046
City Baltimore State MD Zip Code 21297
Purpose of Expenditure List Purchase Category/Type 001
Name of Federal Candidate IGOR A BIRMAN Support
Office Sought: House District: 07 State: CA
Disbursement For: Primary 2014

(a) SUBTOTAL of Itemized Independent Expenditures 3053.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Edward King [Electronically Filed] Date 07/15/2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 10 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">285.33</span>
City State Zip Code Omaha NE 68156	
Purpose of Expenditure Phone minutes	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate BRYAN SMITH	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 10 / 2014
Name of Federal Candidate BRYAN SMITH	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">1839.21</span>	

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 11 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">297.77</span>
City State Zip Code Omaha NE 68156	
Purpose of Expenditure Phone minutes	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate BRYAN SMITH	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 11 / 2014
Name of Federal Candidate BRYAN SMITH	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">2136.98</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">583.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edward King* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
07 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Concerned American Voters
FEC IDENTIFICATION NUMBER
C C00525899
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
NorthStar Campaign Systems
Mailing Address
11237 Davenport St.
Ste 110B
City
Omaha State
NE Zip Code
68156
Purpose of Expenditure
Phone minutes Category/
Type 001
Name of Federal Candidate
BRYAN SMITH Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 2739.91

Date of Public Distribution/Dissemination
05 / 12 / 2014
Amount
602.93
Transaction ID : SE.4779
Date of Disbursement or Obligation
05 / 12 / 2014
Office Sought: House District: 02
State: ID
Disbursement For: Primary General
Other (specify)

Full Name of Payee
NorthStar Campaign Systems
Mailing Address
11237 Davenport St.
Ste 110B
City
Omaha State
NE Zip Code
68156
Purpose of Expenditure
Phone minutes Category/
Type 001
Name of Federal Candidate
BRYAN SMITH Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought 3398.88

Date of Public Distribution/Dissemination
05 / 13 / 2014
Amount
658.97
Transaction ID : SE.4780
Date of Disbursement or Obligation
05 / 13 / 2014
Office Sought: House District: 02
State: ID
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1261.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King
[Electronically Filed]
Date 07 / 15 / 2014
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 14 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">644.19</span>
City State Zip Code Omaha NE 68156	
Purpose of Expenditure Phone minutes	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate BRYAN SMITH	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 14 / 2014
Name of Federal Candidate BRYAN SMITH	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4043.07</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 15 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">671.00</span>
City State Zip Code Omaha NE 68156	
Purpose of Expenditure Phone minutes	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate BRYAN SMITH	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 15 / 2014
Name of Federal Candidate BRYAN SMITH	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4714.07</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1315.19</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edward King* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 15 / 2014

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Concerned American Voters
FEC IDENTIFICATION NUMBER
C C00525899
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
NorthStar Campaign Systems
Mailing Address
11237 Davenport St.
Ste 110B
City
Omaha State
NE Zip Code
68156
Purpose of Expenditure
Phone minutes Category/
Type 001
Name of Federal Candidate
BRYAN SMITH Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
5608.11

Date of Public Distribution/Dissemination
05 / 16 / 2014
Amount
894.04
Transaction ID : SE.4783
Date of Disbursement or Obligation
05 / 16 / 2014
Office Sought: House District: 02
State: ID
Disbursement For: Primary General
Other (specify)

Full Name of Payee
NorthStar Campaign Systems
Mailing Address
11237 Davenport St.
Ste 110B
City
Omaha State
NE Zip Code
68156
Purpose of Expenditure
Phone minutes Category/
Type 001
Name of Federal Candidate
BRYAN SMITH Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
10616.22

Date of Public Distribution/Dissemination
05 / 17 / 2014
Amount
708.11
Transaction ID : SE.4789
Date of Disbursement or Obligation
05 / 17 / 2014
Office Sought: House District: 02
State: ID
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1602.15
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Edward King
[Electronically Filed]
Date 07 / 15 / 2014
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 18 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">999.99</span> 500.14
City State Zip Code Omaha NE 68156	
Purpose of Expenditure Phone minutes	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President State: ID
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">999.99</span> 11116.36	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 19 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">999.99</span> 917.84
City State Zip Code Omaha NE 68156	
Purpose of Expenditure Phone minutes	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President State: ID
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">999.99</span> 12034.20	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span> 1417.98
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edward King* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
07 / 15 / 2014

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 20 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">705.42</span>
City State Zip Code Omaha NE 68156	<b>Transaction ID : SE.4787</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 20 / 2014
Purpose of Expenditure Phone minutes	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">12739.62</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 21 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">-1556.30</span>
City State Zip Code Omaha NE 68156	<b>Transaction ID : SE.4811</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 21 / 2014
Purpose of Expenditure Phone minutes adjustment for 5/11/14 to 5/20/14	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">11183.32</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">-850.88</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edward King* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
07 / 15 / 2014

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>NorthStar Campaign Systems</b>		Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>05 / 22 / 2014</b>	
Mailing Address 11237 Davenport St. Ste 110B		Amount <span style="float:right">599.96</span>	
City Omaha	State NE	Zip Code 68156	<b>Transaction ID : SE.4792</b>
Purpose of Expenditure Phone minutes	Category/ Type <span style="float:right">001</span>	Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>05 / 22 / 2014</b>	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought		<span style="float:right">599.96</span>	District: <u>07</u> State: <u>CA</u>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	2014

Full Name of Payee <b>NorthStar Campaign Systems</b>		Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>05 / 23 / 2014</b>	
Mailing Address 11237 Davenport St. Ste 110B		Amount <span style="float:right">602.53</span>	
City Omaha	State NE	Zip Code 68156	<b>Transaction ID : SE.4794</b>
Purpose of Expenditure Phone minutes	Category/ Type <span style="float:right">001</span>	Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>05 / 23 / 2014</b>	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought		<span style="float:right">5982.49</span>	District: <u>07</u> State: <u>CA</u>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	2014

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">1202.49</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="float:right"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="float:right"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edward King* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**07 / 15 / 2014**

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Concerned American Voters
FEC IDENTIFICATION NUMBER
C C00525899
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
NorthStar Campaign Systems
Mailing Address
11237 Davenport St.
Ste 110B
City
Omaha State
NE Zip Code
68156
Purpose of Expenditure
Phone minutes Category/
Type 001
Name of Federal Candidate
IGOR A BIRMAN Support
Office Sought: House District: 07
State: CA
Calendar Year-To-Date
Per Election for Office Sought
6604.51

Date of Public Distribution/Dissemination
05 / 24 / 2014
Amount
622.02
Transaction ID : SE.4795
Date of Disbursement or Obligation
05 / 24 / 2014
Disbursement For: Primary General
Other (specify)

Full Name of Payee
NorthStar Campaign Systems
Mailing Address
11237 Davenport St.
Ste 110B
City
Omaha State
NE Zip Code
68156
Purpose of Expenditure
Phone minutes Category/
Type 001
Name of Federal Candidate
IGOR A BIRMAN Support
Office Sought: House District: 07
State: CA
Calendar Year-To-Date
Per Election for Office Sought
7011.09

Date of Public Distribution/Dissemination
05 / 25 / 2014
Amount
406.58
Transaction ID : SE.4797
Date of Disbursement or Obligation
05 / 25 / 2014
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1028.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King
[Electronically Filed]
Date 07 / 15 / 2014
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 26 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">705.87</span>
City State Zip Code Omaha NE 68156	<b>Transaction ID : SE.4798</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 26 / 2014
Purpose of Expenditure Phone minutes	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate IGOR A BIRMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7716.96</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 27 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">458.34</span>
City State Zip Code Omaha NE 68156	<b>Transaction ID : SE.4799</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 27 / 2014
Purpose of Expenditure Phone minutes	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate IGOR A BIRMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">8175.30</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1164.21</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edward King* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
07 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Concerned American Voters
FEC IDENTIFICATION NUMBER
C C00525899
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
NorthStar Campaign Systems
Mailing Address
11237 Davenport St.
Ste 110B
City
Omaha State
NE Zip Code
68156
Purpose of Expenditure
Phone minutes Category/
Type 001
Name of Federal Candidate
IGOR A BIRMAN Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
8625.75

Date of Public Distribution/Dissemination
05 / 28 / 2014
Amount
450.45
Transaction ID : SE.4800
Date of Disbursement or Obligation
05 / 28 / 2014
Office Sought: House District: 07
State: CA
Disbursement For: Primary General
Other (specify)

Full Name of Payee
NorthStar Campaign Systems
Mailing Address
11237 Davenport St.
Ste 110B
City
Omaha State
NE Zip Code
68156
Purpose of Expenditure
Phone minutes Category/
Type 001
Name of Federal Candidate
IGOR A BIRMAN Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
9449.02

Date of Public Distribution/Dissemination
05 / 29 / 2014
Amount
823.27
Transaction ID : SE.4801
Date of Disbursement or Obligation
05 / 29 / 2014
Office Sought: House District: 07
State: CA
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1273.72
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King
[Electronically Filed]
Date 07 / 15 / 2014
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 30 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">1176.12</span>
City State Zip Code Omaha NE 68156	
Purpose of Expenditure Phone minutes	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate IGOR A BIRMAN	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">15605.14</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 31 / 2014
Mailing Address 11237 Davenport St. Ste 110B	Amount <span style="border: 1px solid black; padding: 2px;">1059.39</span>
City State Zip Code Omaha NE 68156	
Purpose of Expenditure Phone minutes	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate IGOR A BIRMAN	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 31 / 2014
Name of Federal Candidate IGOR A BIRMAN	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">16664.53</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2235.51</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edward King* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
07 / 15 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Concerned American Voters
FEC IDENTIFICATION NUMBER
C C00525899
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
NorthStar Campaign Systems
Mailing Address
11237 Davenport St.
Ste 110B
City
Omaha State
NE Zip Code
68156
Purpose of Expenditure
Phone minutes Category/
Type 001
Name of Federal Candidate
IGOR A BIRMAN Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
17485.03

Date of Public Distribution/Dissemination
06 / 01 / 2014
Amount
820.50
Transaction ID : SE.4805
Date of Disbursement or Obligation
06 / 01 / 2014
Office Sought: House District: 07
State: CA
Disbursement For: Primary General
Other (specify)

Full Name of Payee
NorthStar Campaign Systems
Mailing Address
11237 Davenport St.
Ste 110B
City
Omaha State
NE Zip Code
68156
Purpose of Expenditure
Phone minutes Category/
Type 001
Name of Federal Candidate
IGOR A BIRMAN Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
18419.33

Date of Public Distribution/Dissemination
06 / 02 / 2014
Amount
934.30
Transaction ID : SE.4806
Date of Disbursement or Obligation
06 / 02 / 2014
Office Sought: House District: 07
State: CA
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1754.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Edward King
[Electronically Filed]
Date 07 / 15 / 2014
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NorthStar Campaign Systems</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 03 / 2014</b>
Mailing Address 11237 Davenport St. Ste 110B	Amount <b>721.21</b>
City: Omaha      State: NE      Zip Code: 68156	<b>Transaction ID : SE.4808</b>
Purpose of Expenditure Phone minutes      Category/Type: <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 03 / 2014</b>
Name of Federal Candidate <b>IGOR A BIRMAN</b>	<input checked="" type="checkbox"/> Support      Office Sought: <input checked="" type="checkbox"/> House      District: <u>07</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate      State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <b>22285.54</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount
City:      State:      Zip Code:	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure      Category/Type:	Name of Federal Candidate
Name of Federal Candidate	<input type="checkbox"/> Support      Office Sought: <input type="checkbox"/> House      District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate      State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>721.21</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>34968.02</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edward King*      **[Electronically Filed]**      Date **07 / 15 / 2014**

Signature \_\_\_\_\_