

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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Office Use Only

2014 DEC -8 AM 8:59

FEC MAIL CENTER

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

FRIENDS OF THE FIFTH DISTRICT REPUBLICAN COMMITTEE

ADDRESS (number and street) 2210 LAUREL LANE

Check if different than previously reported. (ACC) HURTI VA 24563

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00454751

3. IS THIS REPORT NEW OR AMENDED

STATE DISTRICT

VA 5

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of

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

X General (30G) Runoff (30R) Special (30S)
Election on 11 ' 04 ' 2014 in the State of VA

5. Covering Period 11 ' 03 ' 2013 through 11 ' 04 ' 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 Helene T. Burkhardt

Signature of Treasurer Helene T. Burkhardt Date 11 ' 03 ' 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Table with 7 columns and 1 row for Office Use Only.

FEC FORM 3 (Revised 02/2003)

11/11/14 11:14:19

SUMMARY (PAGE  
of Receipts and Disbursements

Page 2

Write or Type Committee Name

FRIENDS OF THE FIFTH REPUBLICAN COMMITTEE

Report Covering the Period: From:

11 05 2013

To:

11 04 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions		
L (other than loans) (from Line 11(e))	2500.00	
(b) Total Contribution Refunds		
L (from Line 20(d))		
(c) Net Contributions (other than loans)		
L (subtract Line 6(b) from Line 6(a))	2500.00	
7. Net Operating Expenditures		
(a) Total Operating Expenditures		
L (from Line 17)	1,803.57	
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures		
L (subtract Line 7(b) from Line 7(a))	1,803.57	
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,130.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	.00	

For further information contact:

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

FRIENDS OF THE FIFTH DISTRICT REPUBLICAN COMMITTEE

Report Covering the Period: From: 11' 05' 2013 To: 11' 04' 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	,	,
(ii) Unitemized.....	,	,
(ii) TOTAL of contributions from individuals ▶	,	,
(b) Political Party Committees.....	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) The Candidate.....	,	,
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..	,	,
	<u>2,500.00</u>	
	<u>2,500.00</u>	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	,	,
(b) All Other Loans.....	,	,
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	,	,
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	,	,
	<u>2,500.00</u>	

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES.....	,	,	,	,	,	,
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	,	,	,	,	,	,
19. LOAN REPAYMENTS:						
(a) Of Loans Made or Guaranteed by the Candidate.....	,	,	,	,	,	,
(b) Of All Other Loans.....	,	,	,	,	,	,
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	,	,	,	,	,	,
20. REFUNDS OF CONTRIBUTIONS TO:						
(a) Individuals/Persons Other Than Political Committees.....	,	,	,	,	,	,
(b) Political Party Committees.....	,	,	,	,	,	,
(c) Other Political Committees (such as PACs).....	,	,	,	,	,	,
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	,	,	,	,	,	,
21. OTHER DISBURSEMENTS.....	,	,	,	,	,	,
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	,		1,803.57	,	,	,

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	,	434.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	,	2500.00
25. SUBTOTAL (add Line 23 and Line 24).....	,	2934.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	,	1,803.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	,	1,130.63

1470M - 1M53 - 1479

SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF THE FIFTH DISTRICT REPUBLICAN COMMITTEE**

Full Name (Last, First, Middle Initial) A. <b>ROBERT HURT FOR CONGRESS</b>		Date of Receipt M M / D D / Y Y Y Y <b>09 / 25 / 2014</b>
Mailing Address <b>P.O. BOX 8</b>		Amount of Each Receipt this Period <b>2,500.00</b>
City <b>CHATHAM</b>	State Zip Code <b>VA 24531</b>	
FEC ID number of contributing federal political committee. <b>C00468405</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	<b>2,500.00</b>
TOTAL This Period (last page this line number only).....	<b>2,500.00</b>

140001-1000-10000

SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)  
**FRIENDS OF THE FIFTH DISTRICT REPUBLICAN COMMITTEE**

Full Name (Last, First, Middle Initial) A. <b>HAMPDEN SYDNEY COLLEGE</b>		Date of Disbursement 05' 14' 2014
Mailing Address 1 COLLEGE RD		Amount of Each Disbursement this Period 268.52
City HAMPDEN SYDNEY	State VA	
Zip Code 23901		Category/ Type
Purpose of Disbursement RENTAL OF ROOM FOR FIFTH DISTRICT CONVENTION		
Candidate Name WILLIAM STANLEY		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 5th	

Full Name (Last, First, Middle Initial) B. <b>VALLEY PUBLISHING</b>		Date of Disbursement 10' 02' 2014
Mailing Address PO BOX 59		Amount of Each Disbursement this Period 174.00
City PALMYRA	State VA	
Zip Code 22963		Category/ Type
Purpose of Disbursement AD - FUNDRAISER		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. <b>SOUTH SIDE MESSENGER</b>		Date of Disbursement 10' 02' 2014
Mailing Address 490 RAILROAD AVE		Amount of Each Disbursement this Period 200.00
City KEYSVILLE	State VA	
Zip Code 23947		Category/ Type
Purpose of Disbursement AD - FUNDRAISER		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	642.52
TOTAL This Period (last page this line number only).....	1,803.57

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (In Full)

**FRIENDS OF THE FIFTH DISTRICT COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. **Puccio, Josh**

**10 / 11 / 2014**

Mailing Address

**228 Chestnut Level Ln.**

City

**Blairs**

State

**VA**

Zip Code

**24527**

Amount of Each Disbursement this Period

**, 961.05**

Purpose of Disbursement

**Reimbursement for ads (fundraiser)**

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. **Womack Publishing**

**10 / 11 / 2014**

Mailing Address

**30 N. Main Street**

City

**Chatham**

State

**VA**

Zip Code

**24531**

Amount of Each Disbursement this Period

**, 200.00**

Purpose of Disbursement

**AD - BBQ fundraiser**

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

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

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

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

NAME OF COMMITTEE (In Full)  
**FRIENDS OF THE FIFTH DISTRICT REPUBLICAN COMMITTEE**

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶			
<b>TOTALS</b> This Period (last page in this line only) .....	▶			

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

WOODRUFF | UNITE | UNITE



**SCHEDULE C-1 (FEC Form 3)**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <i>FRIENDS OF THE FIFTH DISTRICT REPUBLICAN COMMITTEE</i>		FEC IDENTIFICATION NUMBER <i>C 0045 4751</i>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established M M / D D / Y Y Y Y	
City	State Zip Code	Date Due M M / D D / Y Y Y Y	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred M M / D D / Y Y Y Y			
B. If line of credit, Amount of this Draw: , , . . .		Total Outstanding Balance: , , . . .	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____ A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y Location of account: _____ Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE M M / D D / Y Y Y Y	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y Y Y	
Title			

BOOK - UNIT - UNIT - UNIT

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE	OF	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/>	9
		<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
*FRIENDS OF THE FIFTH DISTRICT REPUBLICAN COMMITTEE*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

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

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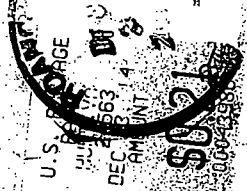
NOON | 11:59 AM | WED

Friends of the 6<sup>th</sup> District  
Rep. Committee  
220 Laurel Dr.  
HURT VA 24563



Forever  
USA

Baltimore Oriole



1000  
20463


RECEIVED  
DEC - 6 AM 8:59  
EC MAIL CENTER

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

FORM 3

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 12/3/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
 PREPARER  
 (8/2013)

12/8/14  
 DATE PREPARED

140001 11/11/14 140001