

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

FRIENDS OF BOB JOHNSON, LLC

ADDRESS (number and street) ▼

PO Box 16401

Check if different than previously reported. (ACC)

Savannah

GA

31416

2. **FEC IDENTIFICATION NUMBER** ▼

C C00545418

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

GA

01

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 L Shapoff

Signature of Treasurer Edward L Shapoff

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF BOB JOHNSON, LLC

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	124729.49	342187.36
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	124729.49	342187.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	76584.39	152891.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	76584.39	152891.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	408296.16	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	220000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF BOB JOHNSON, LLC

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

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).....	102029.49	295990.36
(ii) Unitemized.....	6450.00	17447.00
(iii) TOTAL of contributions from individuals ▶	108479.49	313437.36
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	16250.00	28750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	124729.49	342187.36
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	150000.00	220000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	150000.00	220000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	274729.49	562187.36

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	76584.39	152891.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	1000.00	1000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	77584.39	153891.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	211151.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	274729.49
25. SUBTOTAL (add Line 23 and Line 24).....	485880.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77584.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	408296.16

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Mary Albert

Mailing Address 4181 Riverview Run

City Suwanee State GA Zip Code 30024

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.5574

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kevin Ammar

Mailing Address 105 Herb River Drive

City Savannah State GA Zip Code 31406

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

Name of Employer Memorial Health Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.5606

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Anthony Avino

Mailing Address 132 Grays Creek Drive

City Savannah State GA Zip Code 31410

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

Name of Employer Savannah Vascular Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5475

Amount of Each Receipt this Period
100.00

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 6 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Georgette Backus

Mailing Address 5 Vandy Court

City Savannah State GA Zip Code 31411

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

Name of Employer Anesthestist Occupation Candler Hospital

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2014

Transaction ID : SA11AI.5070

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Roy Baker

Mailing Address 27 Island Drive

City Savannah State GA Zip Code 31406

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

Name of Employer Neurologic Institute Occupation Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11AI.5040

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
John Bennett

Mailing Address 227 Claremont Way

City Pooler State GA Zip Code 31322

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

Name of Employer EHS PWW Family Med Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.5544

Amount of Each Receipt this Period
 250.00

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

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

1050.00

**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 7 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) Richard Berkowitz		Date of Receipt MM / DD / YYYY 02 / 20 / 2014
Mailing Address 6 Pineside Lane		Transaction ID : SA11AI.5113
City Savannah	State GA	
Zip Code 31411		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Pricilla Bishop		Date of Receipt MM / DD / YYYY 01 / 29 / 2014
Mailing Address 8 Palmwood Ct		Transaction ID : SA11AI.5623
City Tybee Island	State GA	
Zip Code 31328		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Neurological Institute	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Richard Bodziner		Date of Receipt MM / DD / YYYY 02 / 09 / 2014
Mailing Address 2 Covey Point Lane		Transaction ID : SA11AI.5094
City Savannah	State GA	
Zip Code 31411		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Savannah Neurology	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Gregory Borak

Mailing Address 53 Wild Thistle Lane

City Savannah State GA Zip Code 31406

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

Name of Employer Gastrology Consultants Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.5066

Amount of Each Receipt this Period
 1200.00

B. Full Name (Last, First, Middle Initial)
Sheree Bottner

Mailing Address 4 Adams Point

City Savannah State GA Zip Code 31411

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5503

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Peter Britt

Mailing Address 703 Railroad Lane

City Tybee Island State GA Zip Code 31328

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

Name of Employer ARA Occupation Neuroradiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.5557

Amount of Each Receipt this Period
 2600.00

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

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

4800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Peter Britt

Mailing Address 703 Railroad Lane

City Tybee Island State GA Zip Code 31328

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

Name of Employer ARA Occupation Neuroradiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.5683

Amount of Each Receipt this Period
 -1000.00

Redesignate:
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Peter Britt

Mailing Address 703 Railroad Lane

City Tybee Island State GA Zip Code 31328

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

Name of Employer ARA Occupation Neuroradiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.5684

Amount of Each Receipt this Period
 1000.00

Redesignate:
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
David Byck

Mailing Address 404 Herb River Drive

City Savannah State GA Zip Code 31406

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

Name of Employer Memorial Health Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5490

Amount of Each Receipt this Period
 250.00

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

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

250.00

**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 10 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Patt Cavanaugh

Mailing Address 7850 E El Sendero Rd Lot 10

City Scottsdale	State AZ	Zip Code 85266
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11AI.5096

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Hurley Cook

Mailing Address 442 Moon River Court

City Savannah	State GA	Zip Code 31406
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FEC ID number of contributing federal political committee. **C**

Name of Employer Savannah Tire	Occupation Owner
-----------------------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 13 / 2014

Transaction ID : SA11AI.5044

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Hurley (Trey) Cook

Mailing Address PO Box 7089

City Savannah	State GA	Zip Code 31418
------------------	-------------	-------------------

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

Name of Employer Savannah Tire	Occupation Owner
-----------------------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11AI.5107

Amount of Each Receipt this Period
1000.00

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

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

5000.00

**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 11 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Hurley (Trey) Cook III

Mailing Address **PO Box 7089**

City **Savannah** State **GA** Zip Code **31418**

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

Name of Employer **Savannah Tire** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.5148

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Larry Corbitt

Mailing Address **167 Ogeechee Drive**

City **Richmond Hill** State **GA** Zip Code **31324**

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

Name of Employer **Anesthesiology Consultants of** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5507

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Steven Corse

Mailing Address **1826 Walthour Road**

City **Savannah** State **GA** Zip Code **31410**

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

Name of Employer **SouthCoast Medical Group** Occupation **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11AI.5554

Amount of Each Receipt this Period
500.00

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

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

2000.00

**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 12 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
John Coursey

Mailing Address 304 East 45th Street

City Savannah State GA Zip Code 31405

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

Name of Employer SouthCoast Medical Group Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5216

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Loy Cowart

Mailing Address 911 Monarch Cir

City Stateboro State GA Zip Code 30458

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2014

Transaction ID : SA11AI.5101

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Judson Cuttino

Mailing Address 3 Hawkins Lane

City Savannah State GA Zip Code 31411

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

Name of Employer Anesthesia Associates of Sav Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.5567

Amount of Each Receipt this Period
1000.00

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

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

2250.00

**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 13 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Lake Daly		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1132 Wilmington Island Road		Transaction ID : SA11AI.5471	
City Savannah	State GA	Amount of Each Receipt this Period 2600.00	
Zip Code 31410			
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. Dr. Fred Daniel		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 61 W. Bluff Drive		Transaction ID : SA11AI.5558	
City Savannah	State GA	Amount of Each Receipt this Period 500.00	
Zip Code 31406			
FEC ID number of contributing federal political committee. C			
Name of Employer ENT Associates	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) C. Louise Daniel		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1136 Wilmington Island Road		Transaction ID : SA11AI.5517	
City Savannah	State GA	Amount of Each Receipt this Period 1000.00	
Zip Code 31410			
FEC ID number of contributing federal political committee. C			
Name of Employer Daniel & Duncan	Occupation CPA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 14 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Glen Dasher

Mailing Address 613 Perkins Mill Road

City Claxton State GA Zip Code 30417

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

Name of Employer Tri-Care Family Medicine Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 26 / 2014

Transaction ID : SA11AI.5625

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Tim Daugherty

Mailing Address 1426 Wilmington Island Road

City Savannah State GA Zip Code 31410

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

Name of Employer Chatham Medical Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.5552

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Eddie Dennis

Mailing Address PO Box 809

City Pembroke State GA Zip Code 31321

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

Name of Employer Black Creek Golf Course Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.5146

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 15 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Chetan Deshpande

Mailing Address 104 Hedge Nettle Crossing

City Savannah State GA Zip Code 31406

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

Name of Employer Memorial Health Medical Center Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 01 / 2014

Transaction ID : SA11AI.5649

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Angelo DiFelice

Mailing Address 1285 Hembree Road

City Roswell State GA Zip Code 30076

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

Name of Employer Resurgens Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.5593

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
William Dillard

Mailing Address 1 Wymberly Point

City Savannah State GA Zip Code 31406

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

Name of Employer Brennan & Wasden Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 07 / 2014

Transaction ID : SA11AI.5639

Amount of Each Receipt this Period
 250.00

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

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

1500.00

**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 16 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Eduard Docu		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014	
Mailing Address 909 Whitaker Street		Transaction ID : SA11AI.5076	
City Savannah	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 31401			
FEC ID number of contributing federal political committee. C			
Name of Employer Docu Family Med Ctr	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Jack Eades		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 1020 Wilmington Island Road		Transaction ID : SA11AI.5537	
City Savannah	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 31406			
FEC ID number of contributing federal political committee. C			
Name of Employer Southern Allergy & Asthma	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) C. Ben Edwards		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014	
Mailing Address 300 Bull Street		Transaction ID : SA11AI.5115	
City Savannah	State GA	Amount of Each Receipt this Period 1000.00	
Zip Code 31401			
FEC ID number of contributing federal political committee. C			
Name of Employer SCI Radiology	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Jim Emery		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014	
Mailing Address 43 Cotton Crossing West		Transaction ID : SA11AI.5578	
City Savannah	State GA	Amount of Each Receipt this Period 500.00	
Zip Code 31411			
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. DH Ermer		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 214 Yam Gandy Road		Transaction ID : SA11AI.5144	
City Savannah	State GA	Amount of Each Receipt this Period 500.00	
Zip Code 31411			
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Samuel Eskew		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 38 Log Landing Road		Transaction ID : SA11AI.5572	
City Savannah	State GA	Amount of Each Receipt this Period 200.00	
Zip Code 31411			
FEC ID number of contributing federal political committee. C			
Name of Employer Remote Technologies	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	1200.00

**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 18 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Samuel Eskew

Mailing Address 38 Log Landing Road

City Savannah State GA Zip Code 31411

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

Name of Employer Remote Technologies Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5470

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Vincent Eusterman

Mailing Address 15452 E. Prentice Lane

City Centennial State CO Zip Code 80015

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

Name of Employer Denver Health Medical Occupation Physicians

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5484

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Evander Fogle

Mailing Address 4162 North Stratford Rd NE

City Atlanta State GA Zip Code 30342

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

Name of Employer Resurgens Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11AI.5536

Amount of Each Receipt this Period
250.00

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

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

1350.00

**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 19 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Raymond Gaster		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 500 Ford Way		Transaction ID : SA11AI.5221	
City Richmond Hill	State GA	Zip Code 31324	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Gaster Lumber	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) B. Raymond Gaster		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 500 Ford Way		Transaction ID : SA11AI.5462	
City Richmond Hill	State GA	Zip Code 31324	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 229.49	
Name of Employer Gaster Lumber	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1729.49		
In-kind - sign materials			

Full Name (Last, First, Middle Initial) C. Dana Gaudry		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address PO Box 2805		Transaction ID : SA11AI.5187	
City Tybee Island	State GA	Zip Code 31328	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2150.00	
Name of Employer American Moving and Storage	Occupation Business owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	2879.49
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 20 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) Dana Gaudry		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 2805		Transaction ID : SA11AI.5188
City Tybee Island	State GA	Zip Code 31328
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 450.00	
Name of Employer American Moving and Storage	Occupation Business owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3050.00	

Full Name (Last, First, Middle Initial) Dana Gaudry		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 2805		Transaction ID : SA11AI.5670
City Tybee Island	State GA	Zip Code 31328
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -450.00	
Name of Employer American Moving and Storage	Occupation Business owner	Redesignate: [MEMO ITEM]
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Dana Gaudry		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 2805		Transaction ID : SA11AI.5671
City Tybee Island	State GA	Zip Code 31328
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 450.00	
Name of Employer American Moving and Storage	Occupation Business owner	Redesignate: [MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Dr. Theodore Geffen		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 296 Cushing Drive		Transaction ID : SA11AI.5141
City Savannah	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer SouthCoast Medical Group	Occupation Internist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Florin Georgescu		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 5 Terrapin Court		Transaction ID : SA11AI.5493
City Savannah	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kidney Specialists of Sav	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) C. Maurice Goins		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address PO Box 1956		Transaction ID : SA11AI.5582
City Fayetteville	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Resurgens	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Ruth Goldsmith

Mailing Address 5 W. Bluff Drive

City Savannah State GA Zip Code 31406

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.5109

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Patrick Hammen

Mailing Address 119 Key Island Drive

City Savannah State GA Zip Code 31410

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

Name of Employer Memorial Health Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.5549

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mark Hanna

Mailing Address 1193 Angelo Court NE

City Atlanta State GA Zip Code 30319

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

Name of Employer Resurgens Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.5569

Amount of Each Receipt this Period
 250.00

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

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

1000.00

**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 23 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Joseph Hegarty

Mailing Address 3 Lillibridge Crossing

City Savannah State GA Zip Code 31411

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

Name of Employer Optim Health Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5482

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Anthony Hejka

Mailing Address 16 Monastery Road

City Savannah State GA Zip Code 31411

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

Name of Employer Chatham Pathology Associates Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5477

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Janet D Hendrix

Mailing Address 1 Mulberry Bluff Drive

City Savannah State GA Zip Code 31406

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5222

Amount of Each Receipt this Period
 500.00

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

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

1000.00

**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 24 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Richard Herburger

Mailing Address 41 Little Comfort Road

City Savannah State GA Zip Code 31411

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.5136

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Paul Hinchey

Mailing Address 127 East 46th Street

City Savannah State GA Zip Code 31405

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

Name of Employer St. Joseph's/Candler Health Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.5142

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Charles Hope

Mailing Address Bent Tree

City Savannah State GA Zip Code 31411

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

Name of Employer OptimHealth Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.5130

Amount of Each Receipt this Period
 2600.00

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

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

3350.00

**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 25 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Keith Housman

Mailing Address 9 Sandy Point Road

City savannah State GA Zip Code 31404

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

Name of Employer Anesthesia Consultants of Sav Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.5524

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jeanne Hungerpiller

Mailing Address 403 Herb River Drive

City Savannah State GA Zip Code 31406

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5480

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Debra Hurst

Mailing Address 109 Grays Creek court

City Savannah State GA Zip Code 31410

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5228

Amount of Each Receipt this Period
2600.00

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

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

3200.00

**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 26 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Dr. Ronald Hurst

Mailing Address 109 Grays Creek Court

City Savannah State GA Zip Code 31410

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

Name of Employer Anesthesia Associates of Sav Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5229

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Jackson

Mailing Address 5311 Paulson Street

City savannah State GA Zip Code 31405

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11AI.5609

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert Jarman

Mailing Address 7 Marsh Haven Lane

City Savannah State GA Zip Code 31411

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

Name of Employer Anesthesia Associates Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.5550

Amount of Each Receipt this Period
1000.00

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

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

1600.00

**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 27 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) Phillip Jennings		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 453 Bush Road		Transaction ID : SA11AI.5487
City Savannah	State GA	
Zip Code 31419		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Sunderraj Mark Kamaleson		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 816 Wilmington Island Rd		Transaction ID : SA11AI.5126
City Savannah	State GA	
Zip Code 31410		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Optim Health	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Charles Keaton		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 10 Gray Heron Retreat		Transaction ID : SA11AI.5598
City Savannah	State GA	
Zip Code 31411		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Crosslink	Occupation Sales	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Robert Kelly

Mailing Address 270 Chastain Road

City Kennesaw State GA Zip Code 30144

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

Name of Employer Resurgens Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.5576

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Keith Kirby

Mailing Address 2 Woodhull Circle

City Savannah State GA Zip Code 31404

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

Name of Employer Savannah Pain Management Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.5138

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Fredrick Kuhn

Mailing Address 45 Tidewater Way

City Savannah State GA Zip Code 31411

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

Name of Employer Georgia Nasal-Sinus Institute Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.5117

Amount of Each Receipt this Period
 250.00

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

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

1500.00

**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 29 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Paul Kulbersh		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 19 Rookery Road		Transaction ID : SA11AI.5123
City Savannah	State GA	Zip Code 31411
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Dana Kumjian		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 18 Shellworth Crossing		Transaction ID : SA11AI.5526
City Savannah	State GA	Zip Code 31411
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Medical Associates of Savannah	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Michael Landa		Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 8 Stephenson Ave		Transaction ID : SA11AI.5630
City Savannah	State GA	Zip Code 31406
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1600.00
Name of Employer Landa & Landa Eye Care Special	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	2850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Todd Lanier

Mailing Address 2 Prescott Lane

City Savannah State GA Zip Code 31411

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

Name of Employer SouthCoast Medical Group Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 09 / 2014

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lam Le

Mailing Address 98-1024 Paula Way

City Alea State HI Zip Code 96701

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

Name of Employer Tripler Army Medical Center Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.5611

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
James Lindley

Mailing Address 17 Bluff drive

City Savannah State GA Zip Code 31406

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

Name of Employer Neurological Institute of Savannah Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11AI.5085

Amount of Each Receipt this Period
1600.00

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

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

2850.00

**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 31 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Stephanie Lindley

Mailing Address 17 Bluff drive

City Savannah State GA Zip Code 31406

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

Name of Employer James Gunn, Inc. Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11AI.5692

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Travis Lindley

Mailing Address 2700 Cumberland Parkway

City Atlanta State GA Zip Code 30339

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

Name of Employer Capitol Strategy Group Occupation Public Affairs

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5519

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Alan Lowe

Mailing Address 223 Groveland Cir

City Savannah State GA Zip Code 31405

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.5112

Amount of Each Receipt this Period
 250.00

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

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

1500.00

**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 32 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Bernard Lowenthal

Mailing Address 10 Modena Road

City Savannah State GA Zip Code 31411

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

Name of Employer Johnny Harris Restaurant Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.5184

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ray Maddox

Mailing Address 15 Montauk Drive

City Savannah State GA Zip Code 31406

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

Name of Employer St. Joseph Candler Health Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : SA11AI.5629

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary W Mankin

Mailing Address PO Box 16464

City Savannah State GA Zip Code 31416

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

Name of Employer Remax Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : SA11AI.5090

Amount of Each Receipt this Period
100.00

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

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

850.00

**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 33 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Mr. Gary W Mankin

Mailing Address PO Box 16464

City Savannah State GA Zip Code 31416

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

Name of Employer Remax Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.5163

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 1650.00

B. Full Name (Last, First, Middle Initial)
Tonya McCullough

Mailing Address 820 East 67th Street

City Savannah State GA Zip Code 31405

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

Name of Employer Chatham Dermatology Occupation Dermatologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.5182

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Meghan MCGovern

Mailing Address 153 Dutch Island Drive

City Savannah State GA Zip Code 31406

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

Name of Employer Coastal Empire Plastic Surgery Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period
 2600.00

Amount of Each Receipt this Period
 2600.00

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

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

3850.00

**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 34 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
John McKinnon

Mailing Address 35 Cove Drive

City Savannah State GA Zip Code 31419

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

Name of Employer LoCost Pharmacy Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014

Transaction ID : SA11AI.5590

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Christopher Melroy

Mailing Address 4750 Waters Ave

City Savannah State GA Zip Code 31404

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

Name of Employer Georgia Sinus Institute Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.5599

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Bob Meng

Mailing Address 22 Shellwind Drive

City Savannah State GA Zip Code 31411

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.5064

Amount of Each Receipt this Period
2000.00

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

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

2750.00

**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 35 OF 87			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Robert Meyers

Mailing Address 35 Little Comfort Road

City Savannah State GA Zip Code 31411

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

Name of Employer Chatham Radiology Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2014

Transaction ID : SA11AI.5634

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Jason Miller

Mailing Address 253-14th Street SE Unit #A

City Washington State DC Zip Code 20003

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

Name of Employer Jamestown Associates Occupation Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.5596

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. William Moretz

Mailing Address 128 Marsh Side drive

City Savannah State GA Zip Code 31410

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

Name of Employer ENT Associates Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5506

Amount of Each Receipt this Period
 250.00

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

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

1500.00

**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 36 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Christina Negrea

Mailing Address 704 East 44th Street

City Savannah State GA Zip Code 31410

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

Name of Employer Memorial Health System Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.5168

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Stacie New

Mailing Address 100 Commerce Court

City Pooler State GA Zip Code 31322

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

Name of Employer Researching Occupation Researching

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.5105

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Christopher Oldfield

Mailing Address 1326 Eisenhower Drive

City Savannah State GA Zip Code 31406

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

Name of Employer SouthCoast Medical Group Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.5124

Amount of Each Receipt this Period
 250.00

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

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

1750.00

**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 37 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Pedro Ortiz

Mailing Address 307 Kendal Court

City Savannah State GA Zip Code 31419

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

Name of Employer Ortiz Custom Guns Occupation Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : SA11AI.5046

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Richard Osman

Mailing Address 229 Live Oak Lane

City Myrtle Beach State SC Zip Code 29572

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

Name of Employer CCOA Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.5542

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Glen Owen

Mailing Address 1314 Comfort Road

City Augusta State GA Zip Code 30909

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

Name of Employer Augusta ENT Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.5521

Amount of Each Receipt this Period
 500.00

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

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

1000.00

**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 38 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
John Paletta

Mailing Address 308 Westbrook Lane

City Pooler State GA Zip Code 31322

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

Name of Employer The Georgia Institute for Plastic Surg Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.5600

Amount of Each Receipt this Period
 1600.00

2600.00

B. Full Name (Last, First, Middle Initial)
Fernando Perez

Mailing Address 14 Hibernia Rd

City Savannah State GA Zip Code 31411

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

Name of Employer GEA Occupation Emergency Medicine Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5515

Amount of Each Receipt this Period
 500.00

500.00

C. Full Name (Last, First, Middle Initial)
Alfred Pesto, Jr.

Mailing Address 6 Little Comfort Road

City Savannah State GA Zip Code 31411

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

Name of Employer Southeastern Maxiofacial Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5224

Amount of Each Receipt this Period
 500.00

500.00

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

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

2600.00

**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 39 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Leslie Petruzzelli

Mailing Address 27 East 49th Street

City Savannah State GA Zip Code 31405

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 23 / 2014

Transaction ID : SA11AI.5052

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Chris Pettigrew

Mailing Address 7208 Hodgson Memorial Dr

City Savannah State GA Zip Code 31406

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

Name of Employer Sav Plastic Surgery Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 06 / 2014

Transaction ID : SA11AI.5089

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
George Powell

Mailing Address 317 Osprey Circle

City St. Marys State GA Zip Code 31558

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

Name of Employer Retired Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5214

Amount of Each Receipt this Period
 200.00

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

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

1700.00

**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 40 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Darin Prill

Mailing Address 4 Hawkins Lane

City Savannah State GA Zip Code 31411

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

Name of Employer: **Huntzinger Management Group** Occupation: **Consultant**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Timothy Ragen

Mailing Address 300 Lee Blvd

City Savannah State GA Zip Code 31405

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

Name of Employer: **GA Orthopaedics** Occupation: **Medical Device Distributor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.5068

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
David Randall

Mailing Address 1950 East Lakewood Place

City Springfield State MO Zip Code 65804

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

Name of Employer: **Ferrell Duncan Clinic** Occupation: **Physician**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.5530

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

**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 41 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Derrick Randall

Mailing Address 1744 Wilmington Island Road

City Savannah State GA Zip Code 31410

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5500

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Stephen Rashleigh

Mailing Address 18 Liberty Creek Drive

City Savannah State GA Zip Code 31406

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

Name of Employer ENT Associates Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5474

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Howard Rich

Mailing Address 108 Arch Street #1002

City Philadelphia State PA Zip Code 19106

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

Name of Employer ALG Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.5150

Amount of Each Receipt this Period
 2600.00

Earmarked contribution

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

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

4100.00

**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 42 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
CLUB FOR GROWTH PAC

Mailing Address 2001 L ST NW SUITE 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00432260

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.5150.0

Amount of Each Receipt this Period
2600.00

conduit details

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Timothy D Roberts

Mailing Address 218 W State Street

City State Zip Code
Savannah GA 31401

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

Name of Employer Occupation
Hunter McLean Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2014

Transaction ID : SA11AI.5039

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Stephen Rogers

Mailing Address 106 Hedge Nettle Crossing

City State Zip Code
Savannah GA 31406

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

Name of Employer Occupation
Anesthesia Consultants Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : SA11AI.5060

Amount of Each Receipt this Period
250.00

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

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

500.00

**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 43 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Rafael Roybal

Mailing Address 1110 Wilmington Island Road

City Savannah State GA Zip Code 31410

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

Name of Employer Chatham Orthopedics Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.5166

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Anthony Royek

Mailing Address 28 Tidewater Way

City Savannah State GA Zip Code 31411

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

Name of Employer Memorial Health Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 16 / 2014

Transaction ID : SA11AI.5632

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Dina Royek

Mailing Address 28 Tidewater Way

City Savannah State GA Zip Code 31411

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

Name of Employer Not employed Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5226

Amount of Each Receipt this Period
 600.00

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

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

2600.00

**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 44 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Anthony Russo

Mailing Address 78 Rose Bush Lane

City Bluffton State SC Zip Code 29909

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

Name of Employer Savannah Anesthesia Associates Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5469

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Alex Salgueiro

Mailing Address 70 Perrigrine Crossing

City Savannah State GA Zip Code 31411

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

Name of Employer Burger King Corp Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5218

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Yvonne Satterwhite

Mailing Address 8010 Shakerag Trace

City Suwanee State GA Zip Code 30024

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

Name of Employer Resurgens Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11AI.5586

Amount of Each Receipt this Period
250.00

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

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

600.00

**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 45 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Carlton G. Savory

Mailing Address 95 Odom Drive

City Hamilton State GA Zip Code 31811

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.5539

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Gina Scarboro

Mailing Address 112 Samuel Lyon Way

City Savannah State GA Zip Code 31411

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

Name of Employer South University Occupation Anesthesiologist Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.5523

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Frank Scarborough

Mailing Address 8 Wyly Island Drive

City Savannah State GA Zip Code 31406

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

Name of Employer Chatham Oral & Maxilofacial Su Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2014

Transaction ID : SA11AI.5645

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 46 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
John Schottle

Mailing Address 7203 Skidaway Rd

City Savannah State GA Zip Code 31406

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

Name of Employer Innovative Vet Medicine Occupation Veterinarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11AI.5566

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Stephen Schwartz

Mailing Address 3 Spring Marsh Lane

City Savannah State GA Zip Code 31411

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5492

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Joel Shanklin

Mailing Address 1421 Cedar Grove Plantation Drive

City Savannah State GA Zip Code 31419

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

Name of Employer CEPS Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5496

Amount of Each Receipt this Period
 1600.00

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

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

3600.00

**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 47 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Joanne Shapoff

Mailing Address 26 Islanders Retreat

City Savannah State GA Zip Code 31411

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.5128

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Colleen Smith

Mailing Address 13 W. Bluff Drive

City Savannah State GA Zip Code 31406

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

Name of Employer Cohen's Retreat Occupation Owner - Interior Decorator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.5694

Amount of Each Receipt this Period
 1600.00

C. Full Name (Last, First, Middle Initial)
Melissa Solares

Mailing Address 1546 River Island Parkway

City Evans State GA Zip Code 30809

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.5541

Amount of Each Receipt this Period
 1000.00

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

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

3600.00

**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 48 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Glenn Soldan

Mailing Address 110 Terrapin Trail

City Savannah State GA Zip Code 31406

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

Name of Employer St. Joseph/Candler Health Occupation Anesthetist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5186

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ashley Sutherland

Mailing Address 16 Nanny Cove Road

City Bluffton State SC Zip Code 29910

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5220

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Kimberly Thompson

Mailing Address 808 Mayo Lane

City Augusta State GA Zip Code 30907

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.5180

Amount of Each Receipt this Period
250.00

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

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

900.00

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

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

FOR LINE NUMBER: PAGE 49 OF 87
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Tab Thompson

Mailing Address 2750 Laurel Street

City Columbia State SC Zip Code 29204

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

Name of Employer Palmetto ENT Consultants Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.5571

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Hiem Thong

Mailing Address 729 East 53rd Street

City Savannah State GA Zip Code 31406

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

Name of Employer SouthCoast Medical Group Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11AI.5591

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Demetrios Tsoulos

Mailing Address 3 Steeple Run Way

City Savannah State GA Zip Code 31405

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : SA11AI.5097

Amount of Each Receipt this Period
 250.00

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

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

1550.00

**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 50 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) Demetrios Tsoulos		Date of Receipt MM / DD / YYYY 03 / 28 / 2014
Mailing Address 3 Steeple Run Way		Transaction ID : SA11AI.5547
City Savannah	State GA	Zip Code 31405
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) Demetrios Tsoulos		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 3 Steeple Run Way		Transaction ID : SA11AI.5213
City Savannah	State GA	Zip Code 31405
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1450.00	

Full Name (Last, First, Middle Initial) Demetrios Tsoulos, MD		Date of Receipt MM / DD / YYYY 01 / 23 / 2014
Mailing Address 3 Steeple Run Way		Transaction ID : SA11AI.5050
City Savannah	State GA	Zip Code 31405
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Christopher Walsh

Mailing Address 190 Wellborn Chase

City Fayetteville State GA Zip Code 30215

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

Name of Employer Resurgens Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.5528

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Donihue Waters

Mailing Address 103 Falligant Ave

City Savannah State GA Zip Code 31410

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

Name of Employer Self Occupation Orthodontist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.5621

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
E.J. Whelan

Mailing Address 210 E. DeRenne Ave

City Savannah State GA Zip Code 31405

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

Name of Employer Optim Orthopedics Occupation Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.5225

Amount of Each Receipt this Period
 500.00

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

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

1750.00

**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 52 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Michael Wilkowski

Mailing Address 229 Lyman Hall

City Savannah State GA Zip Code 31410

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

Name of Employer Medical Associates of Sav Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 08 / 2014

Transaction ID : SA11AI.5092

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Sarah D Williams

Mailing Address 1159 Wildwood Church Rd

City Pembroke State GA Zip Code 31321

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 07 / 2014

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
James Wilson

Mailing Address 1 Noble Glen Drive

City Savannah State GA Zip Code 31406

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

Name of Employer Optim Health Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2014

Transaction ID : SA11AI.5602

Amount of Each Receipt this Period
 250.00

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

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

750.00

**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 53 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Hal Wilson, Jr.

Mailing Address 804 Cherokee Circle

City State Zip Code
Waycross GA 31501

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

Name of Employer Occupation
Wilson Insurance Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11AI.5162

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Michael Womack

Mailing Address 440 Oakmont Circle

City State Zip Code
Marietta GA 30067

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

Name of Employer Occupation
Resurgens Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2014

Transaction ID : SA11AI.5584

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Danielle Woo

Mailing Address 309 McAlpin Drive

City State Zip Code
Savannah GA 31406

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.5608

Amount of Each Receipt this Period
2600.00

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

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

3350.00

**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 54 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
John Wood

Mailing Address 385 Fox Hollow Circle

City Hinesville State GA Zip Code 31313

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

Name of Employer WJ Media Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.5663

Amount of Each Receipt this Period
 500.00

In-kind - photography services

B. Full Name (Last, First, Middle Initial)
John Wood

Mailing Address 385 Fox Hollow Circle

City Hinesville State GA Zip Code 31313

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

Name of Employer WJ Media Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 16 / 2014

Transaction ID : SA11AI.5658

Amount of Each Receipt this Period
 1200.00

In-kind - photography services

C. Full Name (Last, First, Middle Initial)
Robert Yarbrough

Mailing Address 3965 Fouts Drive

City Cumming State GA Zip Code 30028

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

Name of Employer Resurgens Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.5580

Amount of Each Receipt this Period
 250.00

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

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

1950.00

102029.49

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

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

FOR LINE NUMBER: PAGE 55 OF 87
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

Mailing Address 1445 NEW YORK AVENUE NW
STE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.5734

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Mailing Address 1650 DIAGONAL ROAD

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11C.5723

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
American Congress of OB-GYNs Pac

Mailing Address 409 12th Street SW

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.5736

Amount of Each Receipt this Period
2500.00

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

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

9000.00

**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 56 OF 87
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PAC

Mailing Address 4926 DELRAY AVENUE

City State Zip Code
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C C00423228**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.5718

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 604

City State Zip Code
BEL AIR MD 21014

FEC ID number of contributing federal political committee. **C C00435974**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.5726

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Madison Project, Inc.

Mailing Address PO Box 655

City State Zip Code
Aledo TX 76008

FEC ID number of contributing federal political committee. **C C00298000**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.5738

Amount of Each Receipt this Period
2500.00

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

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

4500.00

**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 57 OF 87
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Political Action Committee of Orthopedic Surgeons

Mailing Address 317 Massachusetts Ave. NE

City Washington, DC State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 15 / 2014

Transaction ID : SA11C.5728

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Political Action Committee of Orthopedic Surgeons

Mailing Address 317 Massachusetts Ave. NE

City Washington, DC State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.5732

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Sharon Cooper for State House

Mailing Address 1234 Powers Ferry Road

City Marietta State GA Zip Code 30067

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.5730

Amount of Each Receipt this Period
 250.00

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

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

2750.00

16250.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.5730

Contains only federal permissible funds

Form/Schedule:

Transaction ID:

**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 60 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Advertising Specialty Services, Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 402 East Montgomery Crossroad		Amount of Each Disbursement this Period 481.50 Transaction ID : SB17.5287
City Savannah State GA Zip Code 31405	Purpose of Disbursement Campaign stationary Category/Type 004	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Craig Barrett		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 1 Saint George Blvd Apt #401		Amount of Each Disbursement this Period 162.15 Transaction ID : SB17.5449
City Savannah State GA Zip Code 31419	Purpose of Disbursement Partial payment of salary for staff member Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Craig Barrett		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1 Saint George Blvd Apt #401		Amount of Each Disbursement this Period 916.67 Transaction ID : SB17.5435
City Savannah State GA Zip Code 31419	Purpose of Disbursement Partial payroll payment to staff member Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1560.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Capitol Strategy Group, Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 2700 Cumberland Parkway Suite 150		Amount of Each Disbursement this Period 3250.00 Transaction ID : SB17.5412
City Atlanta State MD Zip Code 30339	Purpose of Disbursement Funding raising consulting	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Capitol Strategy Group, Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2700 Cumberland Parkway Suite 150		Amount of Each Disbursement this Period 3550.58 Transaction ID : SB17.5411
City Atlanta State MD Zip Code 30339	Purpose of Disbursement Fund raising consulting	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Comcast		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 145 Park of Commerce Dr		Amount of Each Disbursement this Period 330.94 Transaction ID : SB17.5408
City Savannah State GA Zip Code 31405	Purpose of Disbursement Initial cable/internet charge for campaign office	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	7131.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Comcast		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 145 Park of Commerce Dr		Amount of Each Disbursement this Period 120.60 Transaction ID : SB17.5409
City Savannah State GA Zip Code 31405	Purpose of Disbursement Monthly cable/internet charge for campaign office	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Comcast		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 145 Park of Commerce Dr		Amount of Each Disbursement this Period 120.60 Transaction ID : SB17.5410
City Savannah State GA Zip Code 31405	Purpose of Disbursement Monthly cable/internet charge for campaign office	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Kaelan Dorr		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 612 Fieldstone Drive		Amount of Each Disbursement this Period 453.18 Transaction ID : SB17.5382
City Burlington State NC Zip Code 27215	Purpose of Disbursement Payroll payment of campaign staff member	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	694.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Kaelan Dorr		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 612 Fieldstone Drive		Amount of Each Disbursement this Period 1404.96 Transaction ID : SB17.5384
City Burlington	State NC	
Zip Code 27215	Purpose of Disbursement Payroll payment of campaign staff member	Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 01	

Full Name (Last, First, Middle Initial) B. Kaelan Dorr		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 612 Fieldstone Drive		Amount of Each Disbursement this Period 124.32 Transaction ID : SB17.5385
City Burlington	State NC	
Zip Code 27215	Purpose of Disbursement Mileage reimbursement	Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 01	

Full Name (Last, First, Middle Initial) c. Galvanek & Wahl		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014
Mailing Address 842 New Charleston Drive		Amount of Each Disbursement this Period 1150.00 Transaction ID : SB17.5415
City Fuquay-Varina	State NC	
Zip Code 27526	Purpose of Disbursement Consulting services to campaign to initiate social media	Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2679.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Raymond Gaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 500 Ford Way		Amount of Each Disbursement this Period 229.49 Transaction ID : SB17.5463
City Richmond Hill	State GA Zip Code 31324	
Purpose of Disbursement In-kind - sign materials		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Georgia Republican Party		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO Box 550008		Amount of Each Disbursement this Period 5220.00 Transaction ID : SB17.5413
City Atlanta	State GA Zip Code 30355	
Purpose of Disbursement Candidate filing fee		Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Hotels.com		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 10440 North Central Expressway		Amount of Each Disbursement this Period 477.75 Transaction ID : SB17.5681
City Dallas	State TX Zip Code 75231	
Purpose of Disbursement charge for rooms at The Virginian Suites - lodging		Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	5927.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Jamestown Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 5 Mapleton Road Suite300		Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.5417
City Ptinceton State NJ Zip Code 08540	Purpose of Disbursement General campaign consulting and research consulting	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Jamestown Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 5 Mapleton Road Suite300		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5418
City Ptinceton State NJ Zip Code 08540	Purpose of Disbursement General campaign consulting	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Jamestown Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 5 Mapleton Road Suite300		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5419
City Ptinceton State NJ Zip Code 08540	Purpose of Disbursement General campaign consulting	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Jamestown Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 5 Mapleton Road Suite300		Amount of Each Disbursement this Period 1677.09
City Ptinceton State NJ Zip Code 08540	Category/Type	
Purpose of Disbursement Reimbursement for travel, hotel and meals	Candidate Name FRIENDS OF BOB JOHNSON, LLC	Transaction ID : SB17.5421
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Jamestown Associates		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 5 Mapleton Road Suite300		Amount of Each Disbursement this Period 2500.00
City Ptinceton State NJ Zip Code 08540	Category/Type	
Purpose of Disbursement General campaign consulting and social media consulting	Candidate Name FRIENDS OF BOB JOHNSON, LLC	Transaction ID : SB17.5420
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Lowes		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 11114 Abercorn Street		Amount of Each Disbursement this Period 401.14
City Savannah State GA Zip Code 31419	Category/Type	
Purpose of Disbursement Purchase of campaign office equipment	Candidate Name FRIENDS OF BOB JOHNSON, LLC	Transaction ID : SB17.5365
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4578.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Mr. Gary W Mankin		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address PO Box 16464		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.5296
City Savannah State GA Zip Code 31416	Purpose of Disbursement Monthly rental charge for campaign office 001 Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Mr. Gary W Mankin		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address PO Box 16464		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.5295
City Savannah State GA Zip Code 31416	Purpose of Disbursement Monthly rental charge for campaign office 001 Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Mr. Gary W Mankin		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address PO Box 16464		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.5297
City Savannah State GA Zip Code 31416	Purpose of Disbursement Monthly rental charge for campaign office 001 Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 8108 Abercorn Street		Amount of Each Disbursement this Period 30.14
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Purchase of campaign office supplies		Transaction ID : SB17.5368
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	Category/ Type
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 8108 Abercorn Street		Amount of Each Disbursement this Period 83.45
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Purchase of campaign office supplies		Transaction ID : SB17.5369
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	Category/ Type
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 8108 Abercorn Street		Amount of Each Disbursement this Period 98.42
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Purchase of fund raising supplies		Transaction ID : SB17.5366
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	Category/ Type
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	212.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Paul Kennedy Catering		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 1370 US 80		Amount of Each Disbursement this Period 897.58 Transaction ID : SB17.5427
City Pooler	State GA Zip Code 31322	
Purpose of Disbursement catering charge for fund raising event		Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement MM / DD / YYYY 01 / 06 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.5298
City San Jose	State CA Zip Code 95131	
Purpose of Disbursement Monthly merchant fee		Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. PayPal		Date of Disbursement MM / DD / YYYY 01 / 31 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 281.90 Transaction ID : SB17.5677
City San Jose	State CA Zip Code 95131	
Purpose of Disbursement Monthly fee for credit card processing		Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1209.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 87			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. PayPal		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 30.00
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Monthly merchant fee	Transaction ID : SB17.5290
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 261.45
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Monthly fee for credit card processing	Transaction ID : SB17.5716
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. PayPal		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 30.00
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Monthly merchant fee	Transaction ID : SB17.5291
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	321.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. PayPal		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1067.51 Transaction ID : SB17.5422
City San Jose State CA Zip Code 95131	Purpose of Disbursement Monthly fee for credit card processing 003 Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Political Law Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 5805 State Bridge Road #677		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.5380
City Johns Creek State GA Zip Code 30097	Purpose of Disbursement Retainer for legal services to campaign committee	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) C. Political Network		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address PO Box 21383		Amount of Each Disbursement this Period 4267.63 Transaction ID : SB17.5464
City Columbus State OH Zip Code 43221	Purpose of Disbursement Charge for campaign office VOI phone system- phone banks	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	7835.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Public Opinion Strategies

Full Name (Last, First, Middle Initial)
Mailing Address 214 North Fayette Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Polling - survey research

Candidate Name
FRIENDS OF BOB JOHNSON, LLC

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: GA District: 01

Date of Disbursement
M M / D D / Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period
20000.00

Transaction ID : SB17.5430

B. Ryan Reynolds

Full Name (Last, First, Middle Initial)
Mailing Address 302 E 56th Street

City Savannah State GA Zip Code 31405

Purpose of Disbursement
Strategic consulting

Candidate Name
FRIENDS OF BOB JOHNSON, LLC

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: GA District: 01

Date of Disbursement
M M / D D / Y Y Y Y
01 / 09 / 2014

Amount of Each Disbursement this Period
800.00

Transaction ID : SB17.5390

c. Ryan Reynolds

Full Name (Last, First, Middle Initial)
Mailing Address 302 E 56th Street

City Savannah State GA Zip Code 31405

Purpose of Disbursement
Payroll payment for campaign staff member

Candidate Name
FRIENDS OF BOB JOHNSON, LLC

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: GA District: 01

Date of Disbursement
M M / D D / Y Y Y Y
01 / 31 / 2014

Amount of Each Disbursement this Period
3091.53

Transaction ID : SB17.5388

SUBTOTAL of Disbursements This Page (optional)..... 23891.53

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Ryan Reynolds		Date of Disbursement MM / DD / YYYY 02 / 04 / 2014
Mailing Address 302 E 56th Street		Amount of Each Disbursement this Period 600.12 Transaction ID : SB17.5386
City Savannah	State GA Zip Code 31405	
Purpose of Disbursement Reimbursement of out of pocket expenditures for campaign office		Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Hampton Inn		Date of Disbursement MM / DD / YYYY 12 / 21 / 2013
Mailing Address 20 Johnston Street		Amount of Each Disbursement this Period 195.49 Transaction ID : SB17.5386.0
City Savannah	State GA Zip Code 31405	
Purpose of Disbursement Lodging		Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Econolodge Midtown		Date of Disbursement MM / DD / YYYY 12 / 27 / 2013
Mailing Address 7500 Abercorn Street		Amount of Each Disbursement this Period 122.04 Transaction ID : SB17.5386.1
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Lodging		Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	600.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2014
Mailing Address 11180 Abercorn Street		Amount of Each Disbursement this Period 12.00
City Savannah State GA Zip Code 31419	Purpose of Disbursement Office equipment	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Transaction ID : SB17.5386.2 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 330 Mall Blvd		Amount of Each Disbursement this Period 5.60
City Savannah State GA Zip Code 31406	Purpose of Disbursement Postage	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Transaction ID : SB17.5386.3 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 8108 Abercorn Street		Amount of Each Disbursement this Period 181.79
City Savannah State GA Zip Code 31406	Purpose of Disbursement Office supplies for new campaign office	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Transaction ID : SB17.5386.4 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 87			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Dunkin Donuts		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 6005 Ogeechee Road		Amount of Each Disbursement this Period 79.10
City Savannah	State GA Zip Code 31419	
Purpose of Disbursement Food & Beverage	Category/Type	Transaction ID : SB17.5386.5 [MEMO ITEM]
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Walmart		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 6000 Ogeechee Road		Amount of Each Disbursement this Period 4.10
City Savannah	State GA Zip Code 31419	
Purpose of Disbursement Beverage	Category/Type	Transaction ID : SB17.5386.6 [MEMO ITEM]
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Ryan Reynolds		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 302 E 56th Street		Amount of Each Disbursement this Period 3091.53
City Savannah	State GA Zip Code 31405	
Purpose of Disbursement Payroll payment for campaign staff member	Category/Type	Transaction ID : SB17.5389
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	3091.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Edward L Shapoff		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014
Mailing Address 26 Islanders Retreat		Amount of Each Disbursement this Period 166.01 Transaction ID : SB17.5395
City Savannah	State GA Zip Code 31411	
Purpose of Disbursement Reimbursement for campaign office supplies		Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Sams Club		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014
Mailing Address 1975 Montgomery Crossroads		Amount of Each Disbursement this Period 166.01 Transaction ID : SB17.5395.0 [MEMO ITEM]
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Computer software, paper and ink		Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 11605 Abercorn Street		Amount of Each Disbursement this Period 35.30 Transaction ID : SB17.5371
City Savannah	State GA Zip Code 31410	
Purpose of Disbursement Purchase of campaign office supplies		Category/ Type
Candidate Name FRIENDS OF BOB JOHNSON, LLC		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	201.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. The Catalyst Group		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 600 Pennsylvania Ave SE #300		Amount of Each Disbursement this Period 853.00 Transaction ID : SB17.5432
City Washington State DC Zip Code 20003	Purpose of Disbursement consulting services for fund raising activities	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. The Computer-Nerd Wiz		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 190 Colony Ridge Drive		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.5288
City Johns Creek State GA Zip Code 30022	Purpose of Disbursement Web page design change fee	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/Type 004
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. The Kroger Company		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 318 Mall Blvd		Amount of Each Disbursement this Period 41.72 Transaction ID : SB17.5438
City Savannah State GA Zip Code 31406	Purpose of Disbursement Purchase of stamps for mailers and campaign office food	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1169.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 87			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. The Kroger Company		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 318 Mall Blvd		Amount of Each Disbursement this Period 88.20
City Savannah State GA Zip Code 31406	Purpose of Disbursement Purchase of food and stamps for mailers - postage	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Transaction ID : SB17.5714
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 330 Mall Blvd		Amount of Each Disbursement this Period 3.57
City Savannah State GA Zip Code 31406	Purpose of Disbursement purchase of postage stamps	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Transaction ID : SB17.5292
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 330 Mall Blvd		Amount of Each Disbursement this Period 13.19
City Savannah State GA Zip Code 31406	Purpose of Disbursement Purchase of postage stamps	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Transaction ID : SB17.5293
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	104.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 330 Mall Blvd		Amount of Each Disbursement this Period 49.00
City Savannah State GA Zip Code 31406	Purpose of Disbursement Purchase of postage stamps	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Transaction ID : SB17.5359
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01	Category/Type	

Full Name (Last, First, Middle Initial) B. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 330 Mall Blvd		Amount of Each Disbursement this Period 98.00
City Savannah State GA Zip Code 31406	Purpose of Disbursement Purchase of postage stamps	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Transaction ID : SB17.5360
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01	Category/Type	

Full Name (Last, First, Middle Initial) c. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 330 Mall Blvd		Amount of Each Disbursement this Period 49.00
City Savannah State GA Zip Code 31406	Purpose of Disbursement Purchase of postage stamps	
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Transaction ID : SB17.5361
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	196.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 330 Mall Blvd		Amount of Each Disbursement this Period 49.00 Transaction ID : SB17.5294
City Savannah State GA Zip Code 31406	Purpose of Disbursement Purchase of postage stamps 003 Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 330 Mall Blvd		Amount of Each Disbursement this Period 1.15 Transaction ID : SB17.5362
City Savannah State GA Zip Code 31406	Purpose of Disbursement Purchase of postage stamps	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 330 Mall Blvd		Amount of Each Disbursement this Period 98.00 Transaction ID : SB17.5715
City Savannah State GA Zip Code 31406	Purpose of Disbursement Purchase of postage stamps	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	148.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Willis Insurance		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 7 East Congress Street		Amount of Each Disbursement this Period 884.00
City Savannah	State GA	
Zip Code 31401	Purpose of Disbursement Annual premium for liability insurance	Transaction ID : SB17.5379
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: GA	District: 01	

Full Name (Last, First, Middle Initial) B. Willis Insurance		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 7 East Congress Street		Amount of Each Disbursement this Period 156.00
City Savannah	State GA	
Zip Code 31401	Purpose of Disbursement additional payment for campaign office liability insurance	Transaction ID : SB17.5375
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: GA	District: 01	

Full Name (Last, First, Middle Initial) c. John Wood		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 385 Fox Hollow Circle		Amount of Each Disbursement this Period 500.00
City Hinesville	State GA	
Zip Code 31313	Purpose of Disbursement In-kind - photography services	Transaction ID : SB17.5664
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 87		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. John Wood		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 385 Fox Hollow Circle		Amount of Each Disbursement this Period 1200.00
City Hinesville State GA Zip Code 31313	Category/Type	
Purpose of Disbursement In-kind - photography services		Transaction ID : SB17.5659
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	75492.37

**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 83 OF 87	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Memorial Health System		Date of Disbursement
Mailing Address 4700 Waters Ave		M M / D D / Y Y Y Y 03 / 24 / 2014
City Savannah	State GA	Zip Code 31404
Purpose of Disbursement Attendance fee for not-for-profit health care event	Category/ Type	Amount of Each Disbursement this Period 1000.00
Candidate Name FRIENDS OF BOB JOHNSON, LLC		Transaction ID : SB21.5740
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF BOB JOHNSON, LLC** Transaction ID : **SC/10.4218**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. Robert Johnson	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 115 McIntosh Drive		

City	State	ZIP Code
Savannah	GA	31406

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 10 / Y 2013	M M / D D / Y open	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	25000.00
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF BOB JOHNSON, LLC** Transaction ID : **SC/10.4217**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. Robert Johnson	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 115 McIntosh Drive		

City	State	ZIP Code
Savannah	GA	31406

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 28 / Y 2013	M M / D D / Y open	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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:

SUBTOTALS This Period This Page (optional).....	40000.00
TOTALS 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4670

FRIENDS OF BOB JOHNSON, LLC

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

[PERSONAL FUNDS]

Election: 2014

Dr. Robert Johnson

Primary

General

Other (specify) ▼

Mailing Address

115 McIntosh Drive

City

State

ZIP Code

Savannah

GA

31406

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

30

2013

1/1/2014

0.00

% (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

5000.00

TOTALS 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.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **FRIENDS OF BOB JOHNSON, LLC** Transaction ID : **SC/10.5652**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. Robert Johnson	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 115 McIntosh Drive		

City	State	ZIP Code
Savannah	GA	31406

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 26 / Y 2014 Y	M M / D D / Y open Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="150000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="220000.00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	