

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

John Foust for Congress

ADDRESS (number and street)

PO Box 962

Check if different than previously reported. (ACC)

McLean

VA

22101

2. FEC IDENTIFICATION NUMBER ▼

C C00553040

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

VA

10

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 Sue Boucher

Signature of Treasurer Sue Boucher

[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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
John Foust for Congress

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))....	12048.99	13765.90
(b) Total Contribution Refunds (from Line 20(d))	4247.55	5422.55
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7801.44	8343.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18435.13	105388.74
(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)).....	18435.13	105388.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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).....	536533.73	

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

John Foust for Congress

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).....	4054.55	4554.55
(ii) Unitemized.....	7894.44	9111.35
(iii) TOTAL of contributions from individuals ▶	11948.99	13665.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100.00	100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12048.99	13765.90
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	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)..... ▶	12048.99	13765.90

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18435.13	105388.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	13466.27	13466.27
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	13466.27	13466.27
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	4247.55	5422.55
(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)).....	4247.55	5422.55
21. OTHER DISBURSEMENTS	30000.00	30000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	66148.95	154277.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	54099.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12048.99
25. SUBTOTAL (add Line 23 and Line 24).....	66148.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	66148.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
John Foust for Congress

A. Full Name (Last, First, Middle Initial)
Joseph and Catherine Balzaret

Mailing Address 8206 Leesburg Pike

City State Zip Code
Great Falls VA 22066

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

Name of Employer self Occupation Psychiatrist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 27 / 2014

Transaction ID : C6752090A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
11948.99

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2014

Transaction ID : C6752090AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Gerald Croan

Mailing Address 5144 Pleasant Forest Dr

City State Zip Code
Centreville VA 20120-1248

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

Name of Employer Caliber Associates Inc. Occupation Co-Founder and President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 24 / 2014

Transaction ID : C6756185A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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 6 OF 34
	<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)
John Foust for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City: West Somerville State: MA Zip Code: 02144-0031

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 11948.99

Date of Receipt: 12 / 28 / 2014

Transaction ID : C6756185AB

Amount of Each Receipt this Period: 500.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Robert Gibson

Mailing Address 5009 Prestwick Dr

City: Fairfax State: VA Zip Code: 22030

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

Name of Employer: N/A Occupation: Not Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 11 / 30 / 2014

Transaction ID : C6752053A

Amount of Each Receipt this Period: 200.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City: West Somerville State: MA Zip Code: 02144-0031

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 11948.99

Date of Receipt: 11 / 30 / 2014

Transaction ID : C6752053AB

Amount of Each Receipt this Period: 200.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

200.00

**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 34
	<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)
John Foust for Congress

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

Mailing Address 5009 Prestwick Dr

City State Zip Code
Fairfax VA 22030

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

Name of Employer Occupation
N/A Not Employed

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
12 30 2014

Transaction ID : C6756128A

Amount of Each Receipt this Period
200.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
11948.99

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2014

Transaction ID : C6756128AB

Amount of Each Receipt this Period
200.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 1800 Old Meadow Rd
Apt 321

City State Zip Code
McLean VA 22102-1821

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

Name of Employer Occupation
N/A Not Employed

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
11 28 2014

Transaction ID : C6752089A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

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

450.00

**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 8 OF 34
	<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)
John Foust for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City: West Somerville State: MA Zip Code: 02144-0031

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 11948.99

Date of Receipt: 11 / 30 / 2014

Transaction ID : C6752089AB

Amount of Each Receipt this Period: 250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 1800 Old Meadow Rd Apt 321

City: McLean State: VA Zip Code: 22102-1821

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

Name of Employer: N/A Occupation: Not Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 12 / 28 / 2014

Transaction ID : C6756220A

Amount of Each Receipt this Period: 250.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City: West Somerville State: MA Zip Code: 02144-0031

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 11948.99

Date of Receipt: 12 / 28 / 2014

Transaction ID : C6756220AB

Amount of Each Receipt this Period: 250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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 9 OF 34
	<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)
John Foust for Congress

A. Full Name (Last, First, Middle Initial)
Judith L Jones

Mailing Address 8009 Whitting Drive

City Manassas State VA Zip Code 20112

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

Name of Employer N/A Occupation Retired

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
 12 / 01 / 2014

Transaction ID : C6753334A

Amount of Each Receipt this Period
200.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
11948.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2014

Transaction ID : C6753334AB

Amount of Each Receipt this Period
200.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Judith L Jones

Mailing Address 8009 Whitting Drive

City Manassas State VA Zip Code 20112

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : C6756440A

Amount of Each Receipt this Period
200.00

* Earmarked Contribution: See Below

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

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

400.00

**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 34
	<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)
John Foust for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City: West Somerville State: MA Zip Code: 02144-0031

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 11948.99

Date of Receipt: 12 / 31 / 2014

Transaction ID : C6756440AB

Amount of Each Receipt this Period: 200.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Karen S. Lawrence

Mailing Address 8612 Tebbs Ln

City: McLean State: VA Zip Code: 22102-1212

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

Name of Employer: Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1004.55

Date of Receipt: 11 / 26 / 2014

Transaction ID : C6752066A

Amount of Each Receipt this Period: 250.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City: West Somerville State: MA Zip Code: 02144-0031

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 11948.99

Date of Receipt: 11 / 30 / 2014

Transaction ID : C6752066AB

Amount of Each Receipt this Period: 250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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: PAGE 11 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
John Foust for Congress

A. Full Name (Last, First, Middle Initial)
Karen S. Lawrence

Mailing Address 8612 Tebbs Ln

City State Zip Code
McLean VA 22102-1212

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1004.55

Date of Receipt
 M M / D D / Y Y Y Y
11 / 26 / 2014

Transaction ID : C6752067A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City State Zip Code
West Somerville MA 02144-0031

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
11948.99

Date of Receipt
 M M / D D / Y Y Y Y
11 / 30 / 2014

Transaction ID : C6752067AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Karen S. Lawrence

Mailing Address 8612 Tebbs Ln

City State Zip Code
McLean VA 22102-1212

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1004.55

Date of Receipt
 M M / D D / Y Y Y Y
12 / 26 / 2014

Transaction ID : C6756202A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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 12 OF 34
	<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)
John Foust for Congress

A. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2014
 Primary General
 Other (specify) Election Cycle-to-Date 11948.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2014
Transaction ID : C6756202AB
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Karen S. Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 8612 Tebbs Ln
 City McLean State VA Zip Code 22102-1212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired
 N/A
 Receipt For: 2014
 Primary General
 Other (specify) Election Cycle-to-Date 1004.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2014
Transaction ID : C6756203A
 Amount of Each Receipt this Period
 250.00
 * Earmarked Contribution: See Below

C. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2014
 Primary General
 Other (specify) Election Cycle-to-Date 11948.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2014
Transaction ID : C6756203AB
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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 13 OF 34
	<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)
John Foust for Congress

A. Full Name (Last, First, Middle Initial)
Karen S. Lawrence

Mailing Address 8612 Tebbs Ln

City McLean State VA Zip Code 22102-1212

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1004.55

Date of Receipt
M M / D D / Y Y Y Y
12 / 13 / 2014

Transaction ID : C6769744A

Amount of Each Receipt this Period
4.55

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer N/A Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
11948.99

Date of Receipt
M M / D D / Y Y Y Y
12 / 14 / 2014

Transaction ID : C6769744AB

Amount of Each Receipt this Period
4.55

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Judith E. Randal

Mailing Address 37950 Stevens Rd

City Lovettsville State VA Zip Code 20180-1714

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

Name of Employer N/A Occupation Not Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 25 / 2014

Transaction ID : C6752059A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

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

254.55

**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 34
	<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)
John Foust for Congress

A. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 11948.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2014
Transaction ID : C6752059AB
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Judith E. Randal
 Full Name (Last, First, Middle Initial)
 Mailing Address 37950 Stevens Rd
 City Lovettsville State VA Zip Code 20180-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Not Employed
 N/A
 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
 12 / 25 / 2014
Transaction ID : C6756198A
 Amount of Each Receipt this Period
 250.00
 * Earmarked Contribution: See Below

C. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation Conduit total listed in Agg. field
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 11948.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2014
Transaction ID : C6756198AB
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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 15 OF 34
	<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)
John Foust for Congress

A. Full Name (Last, First, Middle Initial)
Brooks Widmaier

Mailing Address 208 Clocktower Ridge Dr.

City Winchester State VA Zip Code 22603

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

Name of Employer N/A Occupation Not Employed

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
 11 / 30 / 2014

Transaction ID : C6752136A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
11948.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2014

Transaction ID : C6752136AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Brooks Widmaier

Mailing Address 208 Clocktower Ridge Dr.

City Winchester State VA Zip Code 22603

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

Name of Employer N/A Occupation Not Employed

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
 12 / 30 / 2014

Transaction ID : C6756164A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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 16 OF 34
	<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)
John Foust for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
11948.99

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : C6756164AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

4054.55

**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 34
	<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)
John Foust for Congress

A. Full Name (Last, First, Middle Initial)
Vote Kids Action Fund

Mailing Address 1023 15th St NW
Ste 401

City Washington State DC Zip Code 20005-2626

FEC ID number of contributing federal political committee. **C** C00489658

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 Y Y
 12 / 12 / 2014

Transaction ID : C6769913

Amount of Each Receipt this Period
 100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

100.00

100.00

**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 18 OF 34			
	<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)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 42.61 Transaction ID : D351776
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 4.22 Transaction ID : D351777
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 116.83 Transaction ID : D351778
City Cambridge	State MA	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	163.66
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 19 OF 34			
	<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)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 48.81
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 11.30
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 26.44
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	86.55
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 20 OF 34			
	<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)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 50.17
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D352751
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 24.02
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D352753
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 40.96
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D352754
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	115.15
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 21 OF 34		
	<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)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 31,234,567.89 7.91
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D352755
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 31,234,567.89 0.28
City Cambridge	State MA	
Zip Code 02238-2110	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D352756
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 31,234,567.89 3137.56
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll - Taxes	Transaction ID : D351773
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3145.75
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 22 OF 34			
	<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)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 911.25 Transaction ID : D351774
City Rochester	State NY Zip Code 14625-2311	
Purpose of Disbursement Payroll - Invoice	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Raehn Realty		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 6888 Elm St		Amount of Each Disbursement this Period 9000.00 Transaction ID : D351775
City Mc Lean	State VA Zip Code 22101-3894	
Purpose of Disbursement Office Rent	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United States Postal Service (USPS)		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address 1544 Spring Hill Rd		Amount of Each Disbursement this Period 96.00 Transaction ID : D351782
City Mc Lean	State VA Zip Code 22101	
Purpose of Disbursement Postage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9151.25
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 23 OF 34	
	<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)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 5474.44
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll	Transaction ID : D351772
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Shaun Daniels		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 126 Fortnightly Blvd		Amount of Each Disbursement this Period 3330.13
City Herndon	State VA	
Zip Code 20170	Purpose of Disbursement Payroll	Transaction ID : D351910
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Raymond R. Rieling		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 909 Holly Blossom Ct		Amount of Each Disbursement this Period 2144.31
City Great Falls	State VA	
Zip Code 22066-1208	Purpose of Disbursement Payroll	Transaction ID : D351911
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5474.44
TOTAL This Period (last page this line number only).....	18136.80

**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 24 OF 34	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. John W. Foust		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 962		Amount of Each Disbursement this Period 13466.27
City McLean	State VA	
Zip Code 22101-0962	Purpose of Disbursement Repayment of Loan	Transaction ID : D352887
Candidate Name John W. Foust	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 10		

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	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13466.27
TOTAL This Period (last page this line number only).....	13466.27

**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 25 OF 34			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. John Bevis		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 10521 Judicial Dr		Amount of Each Disbursement this Period 45.00 Transaction ID : D351804
City Fairfax	State VA	
Zip Code 22030-5160	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. John Bevis		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 10521 Judicial Dr		Amount of Each Disbursement this Period 50.00 Transaction ID : D351808
City Fairfax	State VA	
Zip Code 22030-5160	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. John Bevis		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 10521 Judicial Dr		Amount of Each Disbursement this Period 15.00 Transaction ID : D351809
City Fairfax	State VA	
Zip Code 22030-5160	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	110.00
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 26 OF 34			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. John Bevis		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 10521 Judicial Dr		Amount of Each Disbursement this Period 25.00 Transaction ID : D351817
City Fairfax	State VA	
Purpose of Disbursement Contribution Refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. John Bevis		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 10521 Judicial Dr		Amount of Each Disbursement this Period 60.00 Transaction ID : D351818
City Fairfax	State VA	
Purpose of Disbursement Contribution Refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. John Bevis		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 10521 Judicial Dr		Amount of Each Disbursement this Period 15.00 Transaction ID : D351819
City Fairfax	State VA	
Purpose of Disbursement Contribution Refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	100.00
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 27 OF 34			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. James Golden			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014	
Mailing Address 2301 Farrington, Apt. 102 #106			Amount of Each Disbursement this Period 75.00	
City Alexandria	State VA	Zip Code 22303	Transaction ID : D352767	
Purpose of Disbursement Contribution Refund		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. James Golden			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014	
Mailing Address 2301 Farrington, Apt. 102 #106			Amount of Each Disbursement this Period 150.00	
City Alexandria	State VA	Zip Code 22303	Transaction ID : D352768	
Purpose of Disbursement Contribution Refund		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Brian Maas			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014	
Mailing Address 1947 Virginia Ave			Amount of Each Disbursement this Period 200.00	
City McLean	State VA	Zip Code 22101-4937	Transaction ID : D351825	
Purpose of Disbursement Contribution Refund		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	425.00
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 28 OF 34			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. Brian Maas		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 1947 Virginia Ave		Amount of Each Disbursement this Period 100.00 Transaction ID : D351826
City McLean	State VA	
Purpose of Disbursement Contribution Refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Brian Maas		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 1947 Virginia Ave		Amount of Each Disbursement this Period 50.00 Transaction ID : D351811
City McLean	State VA	
Purpose of Disbursement Contribution Refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Brian Maas		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 1947 Virginia Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : D351812
City McLean	State VA	
Purpose of Disbursement Contribution Refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	300.00
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 29 OF 34			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. Daniel Peacock		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 9302 Main St		Amount of Each Disbursement this Period 515.00 Transaction ID : D351816
City Manassas	State VA	
Zip Code 20110	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Daniel Peacock		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 9302 Main St		Amount of Each Disbursement this Period 1030.00 Transaction ID : D352769
City Manassas	State VA	
Zip Code 20110	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Bonnie Shinneman		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 9153 Yarrow St.		Amount of Each Disbursement this Period 250.00 Transaction ID : D351824
City Westminster	State CO	
Zip Code 80021	Purpose of Disbursement Contribution Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1795.00
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 30 OF 34			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. Dana Shires		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1029 Royal Pass Road		Amount of Each Disbursement this Period 600.00
City Tampa	State FL Zip Code 33602	
Purpose of Disbursement Contribution Refund	Candidate Name	Transaction ID : D352772
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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		
State: District:	Category/Type	

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		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	3330.00

**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 31 OF 34	
	<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)
John Foust for Congress

Full Name (Last, First, Middle Initial) A. Democratic Party of Virginia		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 1710 E Franklin St		Amount of Each Disbursement this Period 30000.00
City Richmond	State VA Zip Code 23223-7025	
Purpose of Disbursement Contribution	Candidate Name	Transaction ID : D352783
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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		
State: District:	Category/Type	

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		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	30000.00
TOTAL This Period (last page this line number only).....	30000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **John Foust for Congress** Transaction ID : L791

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
John W. Foust Primary
 Mailing Address PO Box 962 General
 Other (specify) ▼

City State ZIP Code
 McLean VA 22101-0962

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	13466.27	236533.73

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 31 / 2014	12/31/2014	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).....	▶	236533.73
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) **John Foust for Congress** Transaction ID : L798

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2014
John W. Foust Primary General Other (specify) ▼
 Mailing Address PO Box 962

City State ZIP Code
 McLean VA 22101-0962

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:
 06 / 30 / 2014 M M / D D / 12/31/2016 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)..... ▶ 150000.00
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)
John Foust for Congress

Transaction ID : L801

LOAN SOURCE Full Name (Last, First, Middle Initial)
John W. Foust

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 962

City State ZIP Code
McLean VA 22101-0962

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:
09 / 30 / 2014 M M / D D / 12/31/2015 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)..... 150000.00
TOTALS This Period (last page in this line only)..... 536533.73

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