

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 Andy Patrick

ADDRESS (number and street) ▼

PO Box 8186

Check if different than previously reported. (ACC)

Hilton Head Island

SC

29938-8186

2. **FEC IDENTIFICATION NUMBER** ▼

C C00540815

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

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 J. Dudley King

Signature of Treasurer J. Dudley King

[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
Friends of Andy Patrick

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))....	1600.00	99312.20
(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)).....	1600.00	99312.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18589.49	98027.94
(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)).....	18589.49	98027.94
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).....	2690.12	

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 Andy Patrick

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

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).....	1550.00	89457.20
(ii) Unitemized.....	50.00	8605.00
(iii) TOTAL of contributions from individuals ▶	1600.00	98062.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1600.00	99312.20
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)..... ▶	1600.00	99312.20

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18589.49	98027.94
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	18589.49	98027.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16989.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1600.00
25. SUBTOTAL (add Line 23 and Line 24).....	18589.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18589.49
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 14
	<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)
Friends of Andy Patrick

A. Full Name (Last, First, Middle Initial)
DAVID BURKE

Mailing Address **53 BRAMS POINT ROAD**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-2003**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 04 / 2013

Transaction ID : SA11.206

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

Mailing Address **101 REGENTS GATE COURT**

City **SIMPSONVILLE** State **SC** Zip Code **29681-3611**

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

Name of Employer **CIRCLE CREEK HOLDINGS** Occupation **ENTREPRENUR**

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 09 / 2013

Transaction ID : SA11.209

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES V. HICKS

Mailing Address **1618 WYNDHAM ROAD**

City **COLUMBIA** State **SC** Zip Code **29204-3341**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 04 / 2013

Transaction ID : SA11.208

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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NAME OF COMMITTEE (In Full)
Friends of Andy Patrick

A. Full Name (Last, First, Middle Initial)
PAUL P. HINCHEY

Mailing Address **127 EAST 46TH STREET**

City **SAVANNAH** State **GA** Zip Code **31405-2118**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 04 / 2013

Transaction ID : SA11.207

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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).....

500.00

1550.00

**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 7 OF 14			
	<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 Andy Patrick

Full Name (Last, First, Middle Initial) A. ANDREW S. PATRICK		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013
Mailing Address 71 WIDEWATER RD		Amount of Each Disbursement this Period 894.23 Transaction ID : SB17.I94
City HILTON HEAD ISLAND	State SC	
Zip Code 29926	Purpose of Disbursement LOAN REPAYMENT	Category/ Type
Candidate Name ANDREW S. PATRICK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: SC District: 01	

Full Name (Last, First, Middle Initial) B. AMEX COLLECTION		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013
Mailing Address		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.I79
City	State	
Zip Code	Purpose of Disbursement MERCHANT SERVICE FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) C. AMEX COLLECTION		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address		Amount of Each Disbursement this Period 31.26 Transaction ID : SB17.I93
City	State	
Zip Code	Purpose of Disbursement CREDIT CARD PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	933.44
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 8 OF 14			
	<input checked="" type="checkbox"/> 17 <input 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)
Friends of Andy Patrick

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. MERCHANT SOLUTIONS		M M / D D / Y Y Y Y 04 / 02 / 2013
Mailing Address		Amount of Each Disbursement this Period 371.29
City State Zip Code		
Purpose of Disbursement CREDIT CARD PROCESSING	Category/Type	Transaction ID : SB17.I89
Candidate Name		
Office Sought: House Senate President State: District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MERCHANT SOLUTIONS		M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address		Amount of Each Disbursement this Period 55.00
City State Zip Code		
Purpose of Disbursement CREDIT CARD PROCESSING	Category/Type	Transaction ID : SB17.I90
Candidate Name		
Office Sought: House Senate President State: District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. MERCHANT SOLUTIONS		M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address		Amount of Each Disbursement this Period 55.00
City State Zip Code		
Purpose of Disbursement CREDIT CARD PROCESSING	Category/Type	Transaction ID : SB17.I91
Candidate Name		
Office Sought: House Senate President State: District: 00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	481.29
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 9 OF 14	
	<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 Andy Patrick

Full Name (Last, First, Middle Initial) A. KRISTIN BEAULIEU			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013	
Mailing Address 136 PRINCETON ROAD			Amount of Each Disbursement this Period 566.20	
City NASHUA	State NH	Zip Code 03064	Transaction ID : SB17.I78	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type		
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: 00				

Full Name (Last, First, Middle Initial) B. ROBERT J. MAY III			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013	
Mailing Address 25 HOOPES ROAD			Amount of Each Disbursement this Period 316.71	
City NEWPORT NEWS	State VA	Zip Code 23602	Transaction ID : SB17.I73	
Purpose of Disbursement TRAVEL EXPENSES AND FOOD		Category/ Type		
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: 00				

Full Name (Last, First, Middle Initial) C. ROBERT J. MAY III			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013	
Mailing Address 25 HOOPES ROAD			Amount of Each Disbursement this Period 1333.33	
City NEWPORT NEWS	State VA	Zip Code 23602	Transaction ID : SB17.I74	
Purpose of Disbursement GENERAL CAMPAIGN CONSULTING		Category/ Type		
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: 00				

SUBTOTAL of Disbursements This Page (optional).....	2216.24
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 10 OF 14			
	<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 Andy Patrick

Full Name (Last, First, Middle Initial) A. ROBERT J. MAY III			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013		
Mailing Address 25 HOOPES ROAD			Amount of Each Disbursement this Period 1333.33		
City NEWPORT NEWS	State VA	Zip Code 23602	Transaction ID : SB17.I80		
Purpose of Disbursement SALARY		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

Full Name (Last, First, Middle Initial) B. ROBERT J. MAY III			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013		
Mailing Address 25 HOOPES ROAD			Amount of Each Disbursement this Period 316.71		
City NEWPORT NEWS	State VA	Zip Code 23602	Transaction ID : SB17.I86		
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District: 00					

Full Name (Last, First, Middle Initial) C. CHRISTIE STAUFFER			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013		
Mailing Address 109 S PORT ROYAL DRIVE			Amount of Each Disbursement this Period 181.90		
City HILTON HEAD ISLAND	State SC	Zip Code 29928	Transaction ID : SB17.I75		
Purpose of Disbursement MILEAGE		Category/ Type			
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: 00					

SUBTOTAL of Disbursements This Page (optional).....	1831.94
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 11 OF 14		
	<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 Andy Patrick

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013
Mailing Address 1593 TYSONS CORNER, SUITE 400		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.I97
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement FEC SOFTWARE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address		Amount of Each Disbursement this Period 345.38 Transaction ID : SB17.I92
City	State CA Zip Code	
Purpose of Disbursement GOOGLE ADS	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) C. JOHNSTON CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013
Mailing Address 97 STATE STREET		Amount of Each Disbursement this Period 2121.92 Transaction ID : SB17.I77
City MONTPELIER	State VT Zip Code 05602	
Purpose of Disbursement TRAVEL AND PRINTING EXPENSES	Category/Type	
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: 00		

SUBTOTAL of Disbursements This Page (optional).....	2767.30
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 12 OF 14	
	<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 Andy Patrick

A. MADISON STRATEGIC VENTURES

Full Name (Last, First, Middle Initial)
Mailing Address 8270 GREENSBORO DRIVE, SUITE 810

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement COMMUNICATION CONSULTING

Candidate Name

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

State: District: 00

Date of Disbursement: 04 / 02 / 2013

Amount of Each Disbursement this Period: 1838.00

Transaction ID : SB17.I76

B. PLANTATION INTERIORS

Full Name (Last, First, Middle Initial)
Mailing Address 10 TARGET ROAD

City HILTON HEAD ISLAND State SC Zip Code 29928

Purpose of Disbursement PRINTING

Candidate Name

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

State: District: 00

Date of Disbursement: 06 / 17 / 2013

Amount of Each Disbursement this Period: 564.48

Transaction ID : SB17.I95

C. RIGHT ON STRATEGIES

Full Name (Last, First, Middle Initial)
Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement AUTO CALLS

Candidate Name

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

State: District: 00

Date of Disbursement: 04 / 02 / 2013

Amount of Each Disbursement this Period: 620.00

Transaction ID : SB17.I69

SUBTOTAL of Disbursements This Page (optional) 3022.48

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 13 OF 14			
	<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 Andy Patrick

A. RIGHT ON STRATEGIES

Full Name (Last, First, Middle Initial)
Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement TRAVEL EXPENSES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify)

Date of Disbursement: 04 / 02 / 2013

Amount of Each Disbursement this Period: 1091.99

Transaction ID : SB17.I70

B. RIGHT ON STRATEGIES

Full Name (Last, First, Middle Initial)
Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify)

Date of Disbursement: 04 / 09 / 2013

Amount of Each Disbursement this Period: 3800.00

Transaction ID : SB17.I71

C. SUN PRINTING

Full Name (Last, First, Middle Initial)
Mailing Address 345 DREHER ROAD

City WEST COLUMBIA State SC Zip Code 29169

Purpose of Disbursement PRINTING OF YARD SIGNS

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify)

Date of Disbursement: 04 / 09 / 2013

Amount of Each Disbursement this Period: 1531.50

Transaction ID : SB17.I72

SUBTOTAL of Disbursements This Page (optional) 6423.49

TOTAL This Period (last page this line number only) 17676.18

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Andy Patrick** Transaction ID : **FEC1**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Andy Patrick	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 71 Widewater Road	
City Hilton Head Island	State SC
	ZIP Code 29926-2047

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3584.35	894.23	2690.12

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 27 / Y 2013	M 08 / D 13 / Y 0702	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 type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	2690.12
TOTALS This Period (last page in this line only).....	2690.12

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