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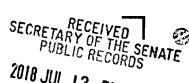
Use

Only

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee



2018 JUL 13 PM 3: 02

FEC FORM 3

(Revised 05/2016)

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		Example: If typing, type over the lines.	12FE4M5	andre ed
TIOMY De TION	RA FOR	SENA	76		
	11111				
ADDRESS (number and street)	P. O. 18	0,1,5	Ø26		
▼ Check if different					
than previously reported. (ACC)	FALMOU	THII		VA 22	406-
2. FEC IDENTIFICATION N	UMBER ▼ _	CITY A		STATE A	ZIP CODE ▲
C \$\$5559	53 ¹ 3	B. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Ch	oose One) (b)	12-Day PF	RE-Election Report for th	e:	
April 15 Quarterly Report (Q1)	Report (Q1)	. '	Primary (12P).	General (12G)	Runoff (12R)
July 15 Quarterly F	Report (Q2)		Convention (12C)	Special (12S)	
October 15 Quarte		Election o	m m m m m m		in the State of
January 31 Year-Er	nd Report (YE) (c)	30-Day PC	OST-Election Report for the	the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Report	(TER)	Election o	(M * W / / (D * Ó	\$ / \$ v + v · · · · · · · · · · · · · · · · ·	in the State of
5. Covering Period	4 1 8 1 1 1 1 2	φ18;	through	61/301/2	Ø'18
I certify that I have examined the		best of my	-	is true, correct and con	nplete.
Type or Print Name of Treasure	77014	<u> </u>	Delora	fragini, f	
Signature of Treasurer	1 N			Date Ø 7	13: 12418
NOTE: Submission of false, erron	eous, or incomplete inf	formation may	y subject the person signi	ng this Report to the per	nalties of 52 U.S.C. §30109.
Office					

SUMMARY PAGE

of Receipts and Disbursements

Page 2

						1		
				OLUMN his Perio		Elec	COLUMN ction Cycle-	
6.	Net	t Contributions (other than loans)						
	(a)	Total Contributions (other than loans) (from Line 11(e))			Ø) <u></u>	7.
	(b)	Total Contribution Refunds (from Line 20(d))		- 1	Ø.		<u> </u>	Ž.
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	P P P	: :3 %-	Ø.	. •	y	4
7.	Net	Operating Expenditures						
	(a)	Total Operating Expenditures (from Line 17)	.± .9 2	. /9%	9		r	* * * * * * * * * *
	(b)	Total Offsets to Operating Expenditures (from Line 14)	,	,	4.		, ,	4.
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	•	,	Ø.		, ,	Ø.
8.		sh on Hand at Close of porting Period (from Line 27)	,	, 1	76.25			ŕ
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	,	,	Ø.			
10.	the	ots and Obligations Owed BY Committee (Itemize all on needule C and/or Schedule D)	3 ° ,	9,2	0 p.p.p			

Washington, DC 20463

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

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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3 (Revised 05/2016)

Write	or	Type	Committee	Name

TONY DETORA FOR SENATE

8418112018

86 BB 12018

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than			
Political Committees	B	6	
(i) Itemized (use Schedule A)	1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—1—		
(ii) Unitemized	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(iii) TOTAL of contributions	(6)	, , , , , , , , , , , , , , , , , , ,	
from individuals .	<u></u>	, , , , , , , , , , , , , , , , , , ,	
(b) Political Party Committees	Ø 1	ϕ	
(c) Other Political Committees	Annual of the second se	The state of the s	
(such as PACs)	<u></u> ,,	<u></u>	
(d) The Candidate	8	Ø	
(e) TOTAL CONTRIBUTIONS	damahasi) mahamitani mahasid / Limahasid	Institution of manifestations (markets of / makes of / markets of / m	
(other than loans)	5	(A)	
(add Lines 11(a)(iii), (b), (c), and (d))	<u></u>		
. TRANSFERS FROM OTHER			
AUTHORIZED COMMITTEES	alamateur (mateur)		
. LOANS:			
(a) Made or Guaranteed by the			
Candidate	desident in the second of the second		
(b) All Other Loans	0	Ø	
(c) TOTAL LOANS			
(add Lines 13(a) and (b))	American 1 martin and 1 martin and 1 million and 1	<u> </u>	
. OFFSETS TO OPERATING	i	•	
EXPENDITURES		~ · · · · · · · · · · · · · · · · · · ·	
(Refunds, Rebates, etc.)	· · · · · · · · · · · · · · · · · · ·	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
. OTHER RECEIPTS	-V	A	
(Dividends, Interest, etc.)	···, ···, ···,	<u>,,,,</u>	
. TOTAL RECEIPTS (add Lines			
11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)			

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DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

Page 4

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 17. OPERATING EXPENDITURES... 18. TRANSFERS TO OTHER **AUTHORIZED COMMITTEES..** 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate... (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees ... (b) Political Party Committees... (c) Other Political Committees (such as PACs)... (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))... 21. OTHER DISBURSEMENTS... 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ... 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)... 25. SUBTOTAL (add Line 23 and Line 24)... 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)... 27. ,CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...

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PAGE OF 2 SCHEDULE C (FEC Form 3) Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** 13a (check only one) **Detailed Summary Page** 13b NAME OF COMMITTEE (In Full) LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item Primary General Other (specify) City ZIP Code State Personal Funds of the Candidate FREDERICKSBURG Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period .6 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 4. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed ZIP Code City State Outstanding: SUBTOTALS This Period This Page (optional)... 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.

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SCHEDULE C (FEC Form 3) **LOANS**

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

PAGE Z OF 7 FOR LINE NUMBER: (check only one)

_	
X	13a
	12h

		13b		
NAME OF COMMITTEE (In Full)				
TONY DETORA FOR SENATE				
LOAN SOURCE Full Name (Last, First, Mic		☐ Memo Item Election:		
DETORA ANTHON	7	General		
Mailing Address 7 ASH CROF	7000	Other (specify) ▼		
City City	State ZIP Cod			
FREDERICKSBURG	1 .	Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Payment To [Date Balance Outstanding at Close of This Period		
, Z,Z,4,0,0	ĵ.	Z2499		
TERMS Date Incurred	Date Due	Interest Rate Secured: (If none, enter 0)		
#6' #6' 2014 MM' PP' YONE (In hone, enter 0) % (apr) Yes No				
List All Endorsers or Guarantors (if any) to				
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed		
City - State	TZIP Code	Outstanding:		
2. Full Name (Last, First, Middle Initial)	•	Name of Employer		
Mailing Address		Occupation		
_	<u> </u>	Amount		
City State	ZIP Code	Amount Guaranteed		
		Outstanding: ************************************		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	-	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	-	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)		·· >		
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.				

Faxed or Hand Delivered

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HART SENATE OFFICE BUILDING SUITE 232

United States Senate

OFFICE OF THE SECRETARY

WASHINGTION, DC 20510-7116 .
PHONE(202) 224-0322

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED Date of Reco	13-18 Elipt
USPS FIRST CLASS MAIL	reipt · Postmark
USPS REGISTERED/CERTIFIED	
Postmark	
USPS PRIORITY MAIL	
Postmark	
DELIVERY CONFIRMATION OR SIGNAT	URE CONFIRMATION LABEL
USPS EXPRESS MAIL Postmark	
OVERNIGHT DELIVERY SERVICE:	
SHIPPING DATE N	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_
UPS	
DHL	- <u></u>
AIRBORNE EXPRESS	
RECEIVED FROM FEDERAL ELECTION C	Date of Receipt
POSTMARK ILLEGIBLE	NO POSTMARK
FAX	
Date of Receipt	•
OTHER Date of Receipt or Postmark	
PREPARER DH	DATE PREPARED 7-13-18



SEN PATCH



SEN PATCH