

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 David Schwarz For Congress

ADDRESS (number and street) PO Box 15487 Savannah GA 31415 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00545269 3. IS THIS REPORT X NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT GA 01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

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

- General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2013 through M M / D D / Y Y Y Y 09 / 30 / 2013

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 E. Lane Curlee Iii

Signature of Treasurer E. Lane Curlee Iii [Electronically Filed] Date M M / D D / Y Y Y Y 10 / 15 / 2013

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**David Schwarz 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))....	4010	134660
(b) Total Contribution Refunds (from Line 20(d)) .....	18980.75	18980.75
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-14970.75	115679.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	90597.13	115679.25
(b) Total Offsets to Operating Expenditures (from Line 14).....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	90597.13	115679.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		

**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

**David Schwarz 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).....	3500	109675
(ii) Unitemized.....	510	2885
(iii) TOTAL of contributions from individuals ▶	4010	112560
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		22100
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4010	134660
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4010	134660

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	90597.13	115679.25
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 .....	8980.75	8980.75
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	10000	10000
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	18980.75	18980.75
21. OTHER DISBURSEMENTS .....		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	109577.88	134660

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	105567.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4010
25. SUBTOTAL (add Line 23 and Line 24).....	109577.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	109577.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	

**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 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas Herman**

Mailing Address 27 Breezy Palm Way

City Savannah State GA Zip Code 31406-4158

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

Name of Employer Oliver Maner LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2013

**Transaction ID : SA11Ai-CN191**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Douglas Herman**

Mailing Address 27 Breezy Palm Way

City Savannah State GA Zip Code 31406-4158

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

Name of Employer Oliver Maner LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2013

**Transaction ID : SA11Ai-CN192**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Philip G. Kiko**

Mailing Address 3500 Arlington Boulevard

City Arlington State VA Zip Code 22204

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

Name of Employer The Smith-Free Group LLC Occupation Vice Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 19 / 2013

**Transaction ID : SA11Ai-CN184**

Amount of Each Receipt this Period  
**500**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 63
	<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	

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Casey Long**

Mailing Address 1730 Arlington Boulevard  
Unit 303

City State Zip Code  
Arlington VA 22209

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 31 2013**

**Transaction ID : SA11Ai-CN188**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Russell E. Matthews**

Mailing Address 1010 S Juanita Avenue #B

City State Zip Code  
Redondo Beach CA 90277

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

Name of Employer Occupation  
Mor Entertainment Film Producer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 19 2013**

**Transaction ID : SA11Ai-CN185**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Tripp Turner**

Mailing Address PO Box 6190

City State Zip Code  
Savannah GA 31414

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

Name of Employer Occupation  
J.T. Turner Construction COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 25 2013**

**Transaction ID : SA11Ai-CN195**

Amount of Each Receipt this Period  
**500**

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

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

**1750.00**

**3500.00**

**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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Trail Blazer Campaign Services Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 620 Mendelssohn Avenue N Suite 186		Amount of Each Disbursement this Period 3814.00
City Golden Valley State MN Zip Code 55427	Purpose of Disbursement Database system	Transaction ID : SB17-EX48
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Database system
State: District:		

Full Name (Last, First, Middle Initial) <b>B. James Harmon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 19 Sawmill Road		Amount of Each Disbursement this Period 3600.00
City Branford State CT Zip Code 06405	Purpose of Disbursement Campaign consulting	Transaction ID : SB17-EX40
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Campaign consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>c. James Harmon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 19 Sawmill Road		Amount of Each Disbursement this Period 2883.00
City Branford State CT Zip Code 06405	Purpose of Disbursement Reimbursement: See Below	Transaction ID : SB17-EX41
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Reimbursement: See Below
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10297.00
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. James Harmon</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2013
Mailing Address 19 Sawmill Road		Amount of Each Disbursement this Period 1339.00
City Branford	State CT	
Zip Code 06405	Purpose of Disbursement Research	Transaction ID : SB17-EX80
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Research
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Victory Phones</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2013
Mailing Address 190 Monroe		Amount of Each Disbursement this Period 528.00
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Research	Transaction ID : SB17-EX81
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Research
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thrifty Car Rental</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2013
Mailing Address 444 Airways Avenue		Amount of Each Disbursement this Period 339.00
City Savannah	State GA	
Zip Code 31418	Purpose of Disbursement Rental Car	Transaction ID : SB17-EX82
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Rental Car
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Thrifty Car Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 444 Airways Avenue		Amount of Each Disbursement this Period 120.00
City Savannah	State GA Zip Code 31418	
Purpose of Disbursement Rental Car	Category/Type 001	<b>Transaction ID : SB17-EX83</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	<b>[MEMO ITEM]</b> Rental Car
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 8001 Waters Avenue		Amount of Each Disbursement this Period 55.00
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Gasoline	Category/Type 001	<b>Transaction ID : SB17-EX84</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	<b>[MEMO ITEM]</b> Gasoline
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sam's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 1975 E Montgomery Cross Rd		Amount of Each Disbursement this Period 52.00
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Gasoline	Category/Type 001	<b>Transaction ID : SB17-EX85</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	<b>[MEMO ITEM]</b> Gasoline
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. BP</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2013
Mailing Address 8001 Waters Avenue		Amount of Each Disbursement this Period 24.00
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Gasoline	Category/Type 001	<b>Transaction ID : SB17-EX86</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	<b>[MEMO ITEM]</b> Gasoline
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tweed Airport</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2013
Mailing Address 155 Burr Street		Amount of Each Disbursement this Period 40.00
City East Haven	State CT Zip Code 06512	
Purpose of Disbursement Parking	Category/Type 001	<b>Transaction ID : SB17-EX87</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	<b>[MEMO ITEM]</b> Parking
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Tweed Airport</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2013
Mailing Address 155 Burr Street		Amount of Each Disbursement this Period 66.00
City East Haven	State CT Zip Code 06512	
Purpose of Disbursement Parking	Category/Type 001	<b>Transaction ID : SB17-EX88</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	<b>[MEMO ITEM]</b> Parking
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Tweed Airport</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 155 Burr Street		Amount of Each Disbursement this Period 73.00
City East Haven	State CT	
Zip Code 06512	Purpose of Disbursement Parking	Transaction ID : SB17-EX89
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Parking
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FedEx Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 7929 Abercorn Street		Amount of Each Disbursement this Period 32.00
City Savannah	State GA	
Zip Code 31406	Purpose of Disbursement Printing	Transaction ID : SB17-EX90
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Printing
State: District:		

Full Name (Last, First, Middle Initial) <b>c. James Harmon</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2013
Mailing Address 19 Sawmill Road		Amount of Each Disbursement this Period 3246.89
City Branford	State CT	
Zip Code 06405	Purpose of Disbursement Campaign Consulting	Transaction ID : SB17-EX60
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Campaign Consulting
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3246.89
<b>TOTAL</b> 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 63	
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. James Harmon</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2013	
Mailing Address 19 Sawmill Road			Amount of Each Disbursement this Period 3000.00	
City Branford	State CT	Zip Code 06405	Transaction ID : SB17-EX65	
Purpose of Disbursement Campaign Consulting		Category/ Type 001	Campaign Consulting	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. James Harmon</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013	
Mailing Address 19 Sawmill Road			Amount of Each Disbursement this Period 3000.00	
City Branford	State CT	Zip Code 06405	Transaction ID : SB17-EX67	
Purpose of Disbursement Campaign Consulting		Category/ Type 001	Campaign Consulting	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Transxt</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013	
Mailing Address 190 Monroe Avenue NW Ste. 500			Amount of Each Disbursement this Period 474.00	
City Grand Rapids	State MI	Zip Code 49503	Transaction ID : SB17-EX43	
Purpose of Disbursement Merchant service fee		Category/ Type 001	Merchant service fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6474.00
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. <b>Transact</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>05</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		05		2013
M M	/	D D	/	Y Y Y Y									
07		05		2013									
Mailing Address 190 Monroe Avenue NW Ste. 500		Amount of Each Disbursement this Period											
City Grand Rapids State MI Zip Code 49503		<table border="1"> <tr> <td>285.00</td> </tr> </table>		285.00									
285.00													
Purpose of Disbursement Merchant service fee		Transaction ID : SB17-EX44											
Candidate Name		Merchant service fee											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type											
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. <b>Transact</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>16</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		16		2013
M M	/	D D	/	Y Y Y Y									
07		16		2013									
Mailing Address 190 Monroe Avenue NW Ste. 500		Amount of Each Disbursement this Period											
City Grand Rapids State MI Zip Code 49503		<table border="1"> <tr> <td>60.00</td> </tr> </table>		60.00									
60.00													
Purpose of Disbursement Merchant Service Fee		Transaction ID : SB17-EX49											
Candidate Name		Merchant Service Fee											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type											
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014													
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. <b>Transact</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>06</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		06		2013
M M	/	D D	/	Y Y Y Y									
08		06		2013									
Mailing Address 190 Monroe Avenue NW Ste. 500		Amount of Each Disbursement this Period											
City Grand Rapids State MI Zip Code 49503		<table border="1"> <tr> <td>21.00</td> </tr> </table>		21.00									
21.00													
Purpose of Disbursement Merchant Service Fee		Transaction ID : SB17-EX51											
Candidate Name		Merchant Service Fee											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type											
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014													
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	366.00
<b>TOTAL</b> 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 14 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Transaxt</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013
Mailing Address 190 Monroe Avenue NW Ste. 500		Amount of Each Disbursement this Period 2.10
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Merchant Service Fee	<b>Transaction ID : SB17-EX52</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Merchant Service Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Transaxt</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2013
Mailing Address 190 Monroe Avenue NW Ste. 500		Amount of Each Disbursement this Period 1.50
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Merchant Service Fee	<b>Transaction ID : SB17-EX64</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Merchant Service Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Transaxt</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 190 Monroe Avenue NW Ste. 500		Amount of Each Disbursement this Period 30.00
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Merchant Service Fee	<b>Transaction ID : SB17-EX72</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Merchant Service Fee
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33.60
<b>TOTAL</b> 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 15 OF 63	
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Old Dominion Research Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2013	
Mailing Address P.O. Box 151444			Amount of Each Disbursement this Period 4312.50	
City Alexandria	State VA	Zip Code 22315	Transaction ID : <b>SB17-EX47</b>	
Purpose of Disbursement Opposition research		Category/ Type 001	Opposition research	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Capitol Response</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013	
Mailing Address 2700 Cumberland Parkway Suite 15			Amount of Each Disbursement this Period 1650.00	
City Atlanta	State GA	Zip Code 30339	Transaction ID : <b>SB17-EX22</b>	
Purpose of Disbursement Compliance Consulting		Category/ Type 001	Compliance Consulting	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Capitol Response</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2013	
Mailing Address 2700 Cumberland Parkway Suite 15			Amount of Each Disbursement this Period 1650.00	
City Atlanta	State GA	Zip Code 30339	Transaction ID : <b>SB17-EX57</b>	
Purpose of Disbursement Compliance Consulting		Category/ Type 001	Compliance Consulting	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7612.50
<b>TOTAL</b> 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 16 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Response</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2013
Mailing Address 2700 Cumberland Parkway Suite 15		Amount of Each Disbursement this Period 1650.00
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Compliance Consulting Category/Type 001	
Candidate Name		Transaction ID : SB17-EX66
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Compliance Consulting	

Full Name (Last, First, Middle Initial) <b>B. Capitol Response</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 2700 Cumberland Parkway Suite 15		Amount of Each Disbursement this Period 1650.00
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Compliance Consulting Category/Type 001	
Candidate Name		Transaction ID : SB17-EX73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Compliance Consulting	

Full Name (Last, First, Middle Initial) <b>c. Capitol Strategy Group Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 2700 Cumberland Parkway Suite 15		Amount of Each Disbursement this Period 7007.00
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Fundraising Consulting Category/Type 001	
Candidate Name		Transaction ID : SB17-EX24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Fundraising Consulting	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10307.00
<b>TOTAL</b> 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 17 OF 63	
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Strategy Group Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 2700 Cumberland Parkway Suite 15		Amount of Each Disbursement this Period 5000.00
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Fundraising Consulting 001 Category/Type	
Candidate Name		Transaction ID : SB17-EX25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Fundraising Consulting	

Full Name (Last, First, Middle Initial) <b>B. Capitol Strategy Group Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2013
Mailing Address 2700 Cumberland Parkway Suite 15		Amount of Each Disbursement this Period 5000.00
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Fundraising Consulting 001 Category/Type	
Candidate Name		Transaction ID : SB17-EX53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Fundraising Consulting	

Full Name (Last, First, Middle Initial) <b>c. Capitol Strategy Group Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 2700 Cumberland Parkway Suite 15		Amount of Each Disbursement this Period 1728.29
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Fundraising Consulting 001 Category/Type	
Candidate Name		Transaction ID : SB17-EX70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Fundraising Consulting	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11728.29
<b>TOTAL</b> 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 18 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. OnMessage Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2013	
Mailing Address 815 Slaters Lane			Amount of Each Disbursement this Period 10847.90	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17-EX26	
Purpose of Disbursement Ad production		Category/ Type 001	Ad production	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. OnMessage Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2013	
Mailing Address 815 Slaters Lane			Amount of Each Disbursement this Period 1672.27	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17-EX27	
Purpose of Disbursement Expenses for advertising shoot		Category/ Type 001	Expenses for advertising shoot	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. OnMessage Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2013	
Mailing Address 815 Slaters Lane			Amount of Each Disbursement this Period 1418.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17-EX28	
Purpose of Disbursement Media Buy		Category/ Type 001	Media Buy	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13938.17
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Full Media</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2013
Mailing Address PO Box 2657		Amount of Each Disbursement this Period 1950.00
City Gainesville	State GA	
Zip Code 30503	Purpose of Disbursement Website Design and Development	<b>Transaction ID : SB17-EX30</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Website Design and Development
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Full Media</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2013
Mailing Address PO Box 2657		Amount of Each Disbursement this Period 170.00
City Gainesville	State GA	
Zip Code 30503	Purpose of Disbursement Sign and bumper sticker design	<b>Transaction ID : SB17-EX29</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Sign and bumper sticker design
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Full Media</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2013
Mailing Address PO Box 2657		Amount of Each Disbursement this Period 1950.00
City Gainesville	State GA	
Zip Code 30503	Purpose of Disbursement Website Design and Development	<b>Transaction ID : SB17-EX31</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Website Design and Development
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4070.00
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

**A. Full Media**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2657

City: Gainesville State: GA Zip Code: 30503

Purpose of Disbursement: Website Design and Development

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 09 / 25 / 2013

Amount of Each Disbursement this Period: 2050.00

Transaction ID : SB17-EX71

Website Design and Development

Category/Type: 001

**B. Jud Seymour**

Full Name (Last, First, Middle Initial)  
Mailing Address 85 Marsh Oak Drive

City: Brunswick State: GA Zip Code: 31525

Purpose of Disbursement: Salary

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 07 / 03 / 2013

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17-EX32

Salary

Category/Type: 001

**c. Jud Seymour**

Full Name (Last, First, Middle Initial)  
Mailing Address 85 Marsh Oak Drive

City: Brunswick State: GA Zip Code: 31525

Purpose of Disbursement: Reimbursement: See Below

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Primary 2014

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 07 / 03 / 2013

Amount of Each Disbursement this Period: 518.04

Transaction ID : SB17-EX33

Reimbursement: See Below

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 5568.04

**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 63	
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jud Seymour</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 85 Marsh Oak Drive		Amount of Each Disbursement this Period 275.28
City Brunswick	State GA	
Zip Code 31525	Purpose of Disbursement Mileage: 496 x.555=275.28	Transaction ID : SB17-EX34
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Mileage Reimbursement
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JP's Spirits &amp; Wines</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 3304 Glynn Ave		Amount of Each Disbursement this Period 157.91
City Brunswick	State GA	
Zip Code 31520	Purpose of Disbursement Beverages for event	Transaction ID : SB17-EX37
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Beverages for Event
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Suntrust Building Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013
Mailing Address 303 Peachtree Center Avenue		Amount of Each Disbursement this Period 15.00
City Atlanta	State GA	
Zip Code 30308	Purpose of Disbursement Parking	Transaction ID : SB17-EX38
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Parking
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Whitaker Street Garage</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013		
Mailing Address 7 Whitaker Street			Amount of Each Disbursement this Period 4.00		
City Savannah	State GA	Zip Code 31401	Transaction ID : SB17-EX39		
Purpose of Disbursement Parking		Category/ Type 001	[MEMO ITEM] Parking		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Sam's Club</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013		
Mailing Address 1975 E Montgomery Cross Rd			Amount of Each Disbursement this Period 36.00		
City Savannah	State GA	Zip Code 31406	Transaction ID : SB17-EX45		
Purpose of Disbursement Gasoline		Category/ Type 001	[MEMO ITEM] Gasoline		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Marshside Grill</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013		
Mailing Address 1200 Glynn Avenue			Amount of Each Disbursement this Period 29.85		
City Brunswick	State GA	Zip Code 31520	Transaction ID : SB17-EX46		
Purpose of Disbursement Lunch with constituents		Category/ Type 001	[MEMO ITEM] Lunch with constituents		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jud Seymour</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2013
Mailing Address 85 Marsh Oak Drive		Amount of Each Disbursement this Period 3000.00
City Brunswick	State GA	
Zip Code 31525	Purpose of Disbursement Salary	Transaction ID : SB17-EX54
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jud Seymour</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2013
Mailing Address 85 Marsh Oak Drive		Amount of Each Disbursement this Period 718.75
City Brunswick	State GA	
Zip Code 31525	Purpose of Disbursement Reimbursement: See Below	Transaction ID : SB17-EX55
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Reimbursement: See Below
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jud Seymour</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2013
Mailing Address 85 Marsh Oak Drive		Amount of Each Disbursement this Period 316.00
City Brunswick	State GA	
Zip Code 31525	Purpose of Disbursement Mileage: .20 x 1580	Transaction ID : SB17-EX59
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Mileage Reimbursement
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3718.75
<b>TOTAL</b> 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 24 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2013
Mailing Address 118 Barnard Street		Amount of Each Disbursement this Period 92.00
City Savannah	State GA Zip Code 31412	
Purpose of Disbursement Postage	Category/Type 001	Transaction ID : SB17-EX74
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Postage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2013
Mailing Address 11605 Abercorn Street		Amount of Each Disbursement this Period 178.65
City Savannah	State GA Zip Code 31419	
Purpose of Disbursement Printer/Supplies	Category/Type 001	Transaction ID : SB17-EX75
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] Printer/Supplies
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2013
Mailing Address 11605 Abercorn Street		Amount of Each Disbursement this Period 19.06
City Savannah	State GA Zip Code 31419	
Purpose of Disbursement USB Drive/Labels	Category/Type 001	Transaction ID : SB17-EX76
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	[MEMO ITEM] USB Drive/Labels
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 25 OF 63	
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Whitaker Street Garage</b>			Date of Disbursement MM / DD / YYYY 08 / 07 / 2013	
Mailing Address 7 Whitaker Street			Amount of Each Disbursement this Period 36.00	
City Savannah	State GA	Zip Code 31401	Transaction ID : SB17-EX77	
Purpose of Disbursement Parking		Category/ Type 001	[MEMO ITEM] Parking	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Suntrust Building Parking</b>			Date of Disbursement MM / DD / YYYY 08 / 07 / 2013	
Mailing Address 303 Peachtree Center Avenue			Amount of Each Disbursement this Period 23.00	
City Atlanta	State GA	Zip Code 30308	Transaction ID : SB17-EX78	
Purpose of Disbursement Parking		Category/ Type 001	[MEMO ITEM] Parking	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Marshside Grill</b>			Date of Disbursement MM / DD / YYYY 08 / 07 / 2013	
Mailing Address 1200 Glynn Avenue			Amount of Each Disbursement this Period 54.04	
City Brunswick	State GA	Zip Code 31520	Transaction ID : SB17-EX79	
Purpose of Disbursement Meal		Category/ Type 001	[MEMO ITEM] Meal with Constituents	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jud Seymour</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2013
Mailing Address 85 Marsh Oak Drive		Amount of Each Disbursement this Period 3000.00
City Brunswick	State GA	
Purpose of Disbursement Salary	Zip Code 31525	Salary
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jud Seymour</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2013
Mailing Address 85 Marsh Oak Drive		Amount of Each Disbursement this Period 3000.00
City Brunswick	State GA	
Purpose of Disbursement Salary	Zip Code 31525	Salary
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. CRossWords</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2013
Mailing Address 11 Country Club Drive		Amount of Each Disbursement this Period 500.00
City Savannah	State GA	
Purpose of Disbursement Speech and Political Consulting	Zip Code 31410	Speech and Political Consulting
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6500.00
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jackson Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2013
Mailing Address 1122 East 72nd Street		Amount of Each Disbursement this Period 1781.35
City Savannah	State GA Zip Code 31404	
Purpose of Disbursement Letterhead Envelopes Bumper Stickers	Category/Type 001	<b>Transaction ID : SB17-EX58</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Letterhead Envelopes Bumper Stickers
State: District:		

Full Name (Last, First, Middle Initial) <b>B. McKenna Long &amp; Aldridge LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2013
Mailing Address 1900 K Street NW		Amount of Each Disbursement this Period 3472.50
City Washington	State DC Zip Code 20006	
Purpose of Disbursement Legal Services	Category/Type 001	<b>Transaction ID : SB17-EX62</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Legal Services
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Southpoint Media</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2013
Mailing Address PO Box 10557		Amount of Each Disbursement this Period 375.00
City Savannah	State GA Zip Code 31412	
Purpose of Disbursement Website Setup	Category/Type 001	<b>Transaction ID : SB17-EX63</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Website Setup
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5628.85
<b>TOTAL</b> 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 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. The Prosper Group Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period 1000.00
City Greenwood State IN Zip Code 46143	Category/Type 001	
Purpose of Disbursement Campaign Website/Marketing		Transaction ID : SB17-EX69
Candidate Name	Campaign Website/Marketing	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	90489.09

**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 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Barbara S. Andrews</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 111 Green Island Rd			Amount of Each Disbursement this Period 88.04	
City Savannah	State GA	Zip Code 31411	Transaction ID : SB20a-CR94	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Ellen Bolch</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 3 West Perry Street			Amount of Each Disbursement this Period 88.04	
City Savannah	State GA	Zip Code 31401	Transaction ID : SB20a-CR5	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Mr. Michael H Boone</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 7231 Colgate			Amount of Each Disbursement this Period 88.04	
City Dallas	State TX	Zip Code 75225	Transaction ID : SB20a-CR96	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. W. Waldo Bradley</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address P.O. Box 1408		Amount of Each Disbursement this Period 88.04
City Savannah	State GA	
Zip Code 31402	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR16</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Waldo Bradley Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 2634 Selwyn Avenue		Amount of Each Disbursement this Period 88.04
City Charlotte	State NC	
Zip Code 28209	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR27</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Joseph Callahan</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 5208 Upton Terrace NW		Amount of Each Disbursement this Period 88.04
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR8</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 31 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. David M. Carmen</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 5115 Lowell Ln		Amount of Each Disbursement this Period 88.04
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR65</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Timothy Ryan Casey</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 4300 Sharon Road Apt 513		Amount of Each Disbursement this Period 88.04
City Charlotte	State NC	
Zip Code 28211	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR71</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Christopher Cay</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 24 Habersham St		Amount of Each Disbursement this Period 88.04
City Savannah	State GA	
Zip Code 31401	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR13</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 32 OF 63	
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. John Clerici</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 3003 Apple Brook Lane		Amount of Each Disbursement this Period 88.04
City Oakton	State VA	
Zip Code 22124	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR70</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Daniel Cohen</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 121 Parkersburg Rd		Amount of Each Disbursement this Period 88.04
City Savannah	State GA	
Zip Code 31406	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR31</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chris W. Cox</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 410 1st St SE		Amount of Each Disbursement this Period 88.04
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR59</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 33 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. E. Lane Curlee Iii</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 109 Mcintosh Dr		Amount of Each Disbursement this Period 88.04
City Savannah State GA Zip Code 31406	Purpose of Disbursement Contribution Ref to Individual	
Candidate Name	Category/Type	Transaction ID : SB20a-CR40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Refund of Contribution	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Gray R. Curlee</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 108 Mcintosh Dr		Amount of Each Disbursement this Period 88.04
City Savannah State GA Zip Code 31406	Purpose of Disbursement Contribution Ref to Individual	
Candidate Name	Category/Type	Transaction ID : SB20a-CR39
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Refund of Contribution	

Full Name (Last, First, Middle Initial) <b>c. Cybele Daley</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 3129 N. Randolph Ct.		Amount of Each Disbursement this Period 88.04
City Arlington State VA Zip Code 22207	Purpose of Disbursement Contribution Ref to Individual	
Candidate Name	Category/Type	Transaction ID : SB20a-CR19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Refund of Contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 34 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. William Daniel Jr</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 22 Mulberry Bluff Dr		Amount of Each Disbursement this Period 88.04
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR45</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. H Clark Deriso Jr</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 507 E Saint Julian St		Amount of Each Disbursement this Period 88.04
City Savannah	State GA Zip Code 31401	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR41</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dorothy Dewberry</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 514 Moon River Ct		Amount of Each Disbursement this Period 88.04
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR20</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 35 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Edward Dillon</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1171 Founders Blvd		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR9</b>
City Athens	State GA Zip Code 30606	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Brian Dinerstein</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 3070 Locke Lane		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR12</b>
City Houston	State TX Zip Code 77019	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Lee Dunn</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 519 S Lee Street		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR62</b>
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 36 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mark N. Dye</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 418 East Macon Street		Amount of Each Disbursement this Period 88.04
City Savannah	State GA Zip Code 31401	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR28</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Cindy Edwards</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 5 Prescott Ln		Amount of Each Disbursement this Period 88.04
City Savannah	State GA Zip Code 31411	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR77</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. James Ervin</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 410 First Street SE		Amount of Each Disbursement this Period 88.04
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR89</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 37 OF 63	
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Linda G. Friedman</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address P.O. Box 16119		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR25</b>
City Savannah	State GA	
Zip Code 31416	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Galloway</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 3604 Linden Lane		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR24</b>
City Mobile	State AL	
Zip Code 36608	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms. Meredith Gamble</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 3800 Moore Place		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR92</b>
City Alexandria	State VA	
Zip Code 22305	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 38 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. John Gastright</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 12241 Molly Berry Road		Amount of Each Disbursement this Period 88.04
City Upper Marlboro	State MD	
Zip Code 20772	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR85</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Edgar Lt. Gay</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 136 Habersham Street		Amount of Each Disbursement this Period 88.04
City Savannah	State GA	
Zip Code 31401	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR46</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cameron Gilreath</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1681 Hunting Creek Drive		Amount of Each Disbursement this Period 88.04
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR6</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 39 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mitch Glazier</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 7313 Durbin Terrace		Amount of Each Disbursement this Period 88.04
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR54</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John Green</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 431 Turnberry Ct		Amount of Each Disbursement this Period 88.04
City Oxford	State MS	
Zip Code 38655	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR52</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jonathan Headley</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 21 Wild Thistle Ln		Amount of Each Disbursement this Period 88.04
City Savannah	State GA	
Zip Code 31406	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR48</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 40 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Brian F. Hegi</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 4360 Potomac Avenue		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR10</b>
City Dallas	State TX Zip Code 75205	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Heather Hennessey</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 260 Gallatin Street		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR84</b>
City Washington	State DC Zip Code 20011	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Douglas Herman</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 27 Breezy Palm Way		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR103</b>
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 41 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Charles A. Hope</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 8 Bent Tree Cir		Amount of Each Disbursement this Period 88.04
City Savannah	State GA Zip Code 31411	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR75</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert H. Hurt</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 2260 48th Street NW		Amount of Each Disbursement this Period 88.04
City Washington	State DC Zip Code 20007	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR61</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Holley D. Jaakkola</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 67 W Bluff Dr		Amount of Each Disbursement this Period 88.04
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR64</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 42 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. R. Kevin Jackson</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 114 Grays Creek Dr		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR43</b>
City Savannah	State GA Zip Code 31410	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ross Kaminsky</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 3 Potters Ln		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR47</b>
City Savannah	State GA Zip Code 31411	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Philip G. Kiko</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 3500 Arlington Boulevard		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR101</b>
City Arlington	State VA Zip Code 22204	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 43 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Carl G. Kleeman III Iii</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 26 Brannen Dr		Amount of Each Disbursement this Period 88.04
City Savannah	State GA Zip Code 31410	
Purpose of Disbursement Contribution Ref to Individual		Transaction ID : SB20a-CR21
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Michael Kleinpeter</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 211 Mallard Loop Rd		Amount of Each Disbursement this Period 88.04
City Savannah	State GA Zip Code 31405	
Purpose of Disbursement Contribution Ref to Individual		Transaction ID : SB20a-CR86
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Matthew Kroger</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 110 Crane Ter		Amount of Each Disbursement this Period 88.04
City Orinda	State CA Zip Code 94563	
Purpose of Disbursement Contribution Ref to Individual		Transaction ID : SB20a-CR68
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 44 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Chris Lamond</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 1720 I Street NW Suite 400			Amount of Each Disbursement this Period 88.04	
City Washington	State DC	Zip Code 20006	Transaction ID : SB20a-CR82	
Purpose of Disbursement Contribution Ref to Individual		Category/Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mr. David M. Larson</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 5979 North 9th Street			Amount of Each Disbursement this Period 88.04	
City Arlington	State VA	Zip Code 22205	Transaction ID : SB20a-CR80	
Purpose of Disbursement Contribution Ref to Individual		Category/Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Claire Lawhorne</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 52 Tidewater Way			Amount of Each Disbursement this Period 88.04	
City Savannah	State GA	Zip Code 31411	Transaction ID : SB20a-CR50	
Purpose of Disbursement Contribution Ref to Individual		Category/Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 45 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Stephen Laws</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 518 Williamsburg Lane		Amount of Each Disbursement this Period 88.04
City Memphis	State TN	
Zip Code 38117	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR51</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark B. Leahey</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 2424 39th PI NW		Amount of Each Disbursement this Period 88.04
City Washington	State DC	
Zip Code 20007	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR56</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Rob Leebern</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 551 Hillside		Amount of Each Disbursement this Period 88.04
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR88</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 46 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. James Lindley Jr</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 17 W Bluff Dr			Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR17</b>
City Savannah	State GA	Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		Candidate Name	Refund of Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Quentin L. Marlin</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 9226 Garland Dr			Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR36</b>
City Savannah	State GA	Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		Candidate Name	Refund of Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Anthony Martin</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 315 Commercial Drive Suite A4			Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR18</b>
City Savannah	State GA	Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		Candidate Name	Refund of Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014		Category/ Type	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 47 OF 63	
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Gean Martin</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 8 Mulberry Bluff Dr		Amount of Each Disbursement this Period 88.04
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR35</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Mr. Russell E. Matthews</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1010 S Juanita Avenue #B		Amount of Each Disbursement this Period 88.04
City Redondo Beach	State CA Zip Code 90277	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR102</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Samuel McCachern</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 49 W Bluff Dr		Amount of Each Disbursement this Period 88.04
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR42</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 48 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Robert L. McCorkle III</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 16 Wild Thistle Ln		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR34</b>
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Harriet J. Melvin</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1420 Key Drive		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR23</b>
City Alexandria	State VA Zip Code 22302	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Scott Meserve</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1615 Dorothy Lane		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR91</b>
City Newport Beach	State CA Zip Code 92660	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 49 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Henry Monsees</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013		
Mailing Address 45 Mulberry Bluff Dr			Amount of Each Disbursement this Period 88.04		
City Savannah	State GA	Zip Code 31406	Transaction ID : SB20a-CR4		
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Mr. Hunter Moorhead</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013		
Mailing Address 1156 15th Sreet Suite 329			Amount of Each Disbursement this Period 88.04		
City Washington	State DC	Zip Code 20005	Transaction ID : SB20a-CR83		
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Dr. William Moretz III</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013		
Mailing Address 128 Marsh Side Dr			Amount of Each Disbursement this Period 88.04		
City Savannah	State GA	Zip Code 31410	Transaction ID : SB20a-CR69		
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 50 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. John F. Morgan Jr</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 22 Habersham St		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR15</b>
City Savannah	State GA Zip Code 31401	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Mr. John F. Morgan Sr</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 10 Pinckney Colony Road Ste 502		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR74</b>
City OKATIE	State SC Zip Code 29909	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. William Moschella</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 6712 Marbo Court		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR53</b>
City Falls Church	State VA Zip Code 22046	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 51 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Clint Murphy</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 233 East 55th Street			Amount of Each Disbursement this Period 88.04	
City Savannah	State GA	Zip Code 31405	Transaction ID : SB20a-CR93	
Purpose of Disbursement Contribution Ref to Individual		Category/Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Jane S. Naismith</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 21 Bluff Drive			Amount of Each Disbursement this Period 88.04	
City Savannah	State GA	Zip Code 31406	Transaction ID : SB20a-CR44	
Purpose of Disbursement Contribution Ref to Individual		Category/Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Dr. Christopher Nicholson</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 1 Deer Run			Amount of Each Disbursement this Period 88.04	
City Savannah	State GA	Zip Code 31411	Transaction ID : SB20a-CR78	
Purpose of Disbursement Contribution Ref to Individual		Category/Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 52 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael P. O'Leary</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 5901 Reservoir Heights Avenue		Amount of Each Disbursement this Period 88.04
City Alexandria	State VA Zip Code 22311	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR98</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Dr. David N. Palmer</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 235 Westbrook Ln		Amount of Each Disbursement this Period 88.04
City Pooler	State GA Zip Code 31322	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR79</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Christopher Patton</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1083 Rivergreen Lane		Amount of Each Disbursement this Period 88.04
City Bowling Green	State KY Zip Code 42103	
Purpose of Disbursement Contribution Ref to Individual		<b>Transaction ID : SB20a-CR11</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 53 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Evelyn Patton</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 933 Smith Court		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR67</b>
City Bowling Green	State KY	
Zip Code 42103	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Frank K. Peeples Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address PO Box 10502		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR7</b>
City Savannah	State GA	
Zip Code 31412	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Christopher J. Peters</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 26 Mulberry Bluff Drive		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR3</b>
City Savannah	State GA	
Zip Code 31406	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 54 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Stephen Replogle</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 514 G Street		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR81</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bart Rhodes</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 202 Bradley Point Rd		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR87</b>
City Savannah	State GA	
Zip Code 31410	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Clinton S. Robinson</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 6209 Foxcroft Road		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR60</b>
City Alexandria	State VA	
Zip Code 22307	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 55 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Anna Sagely</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 4831 Tilden St		Amount of Each Disbursement this Period 88.04
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR22</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Matthew A. Schlapp</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 3812 Washington Woods Drive		Amount of Each Disbursement this Period 88.04
City Alexandria	State VA	
Zip Code 22309	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR55</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tucker C. Schumack</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 2346 S. Nash Street		Amount of Each Disbursement this Period 88.04
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR57</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 56 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. John L. Schwarz</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 1732 Shoreham Drive			Amount of Each Disbursement this Period 88.04	
City Charlotte	State NC	Zip Code 28211	Transaction ID : SB20a-CR72	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Ms. Ann H. Sherrill</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 16 Magnolia Xing			Amount of Each Disbursement this Period 88.04	
City Savannah	State GA	Zip Code 31411	Transaction ID : SB20a-CR14	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. James Reeves Skeen</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address PO Box 725103			Amount of Each Disbursement this Period 88.04	
City Atlanta	State GA	Zip Code 31139	Transaction ID : SB20a-CR33	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 57 OF 63	
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Todd Smith</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 10121 Captain Hickory Place			Amount of Each Disbursement this Period 88.04	
City Great Falls	State VA	Zip Code 22066	Transaction ID : SB20a-CR100	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael W. Steimle</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 432 E 50th St			Amount of Each Disbursement this Period 88.04	
City Savannah	State GA	Zip Code 31405	Transaction ID : SB20a-CR29	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Mr. Eric J. Tanenblatt</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 1000 Foxcroft Rd NW			Amount of Each Disbursement this Period 88.04	
City Atlanta	State GA	Zip Code 30327	Transaction ID : SB20a-CR73	
Purpose of Disbursement Contribution Ref to Individual		Category/ Type	Refund of Contribution	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 58 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Bradd Testerman</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 264 Countryside Drive		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR95</b>
City Lebanon	State OH	
Zip Code 45036	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Todd Thorpe</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1101 16th Street NW Suite 500		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR66</b>
City Washi	State DC	
Zip Code 20036	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carlyle P. Thorsen</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 8116 Kerry Lane		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR97</b>
City Chevy Chase	State MD	
Zip Code 20815	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> 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 59 OF 63	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ryan L. Triplette</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1512 Kingman PI NW		Amount of Each Disbursement this Period 88.04
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR49</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tripp Turner</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address PO Box 6190		Amount of Each Disbursement this Period 88.71
City Savannah	State GA	
Zip Code 31414	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR104</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

Full Name (Last, First, Middle Initial) <b>c. R Spencer Tyson Jr</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 2180 Grove Point Rd		Amount of Each Disbursement this Period 88.04
City Savannah	State GA	
Zip Code 31419	Purpose of Disbursement Contribution Ref to Individual	<b>Transaction ID : SB20a-CR30</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	Refund of Contribution
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.79
<b>TOTAL</b> 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 60 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Frank C. Vlossak IV</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 7929 Bayberry Drive		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR58</b>
City Alexandria	State VA	
Zip Code 22306	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. James Wedgeworth</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address P.O. Box 6125		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR99</b>
City Hilton Head Island	State SC	
Zip Code 29938	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Matthew A. West Sr</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 37 Wylly Ave		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR32</b>
City Savannah	State GA	
Zip Code 31406	Purpose of Disbursement Contribution Ref to Individual	Refund of Contribution
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 63			
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Chart Westcott</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 100 Crescent Court Suite 1620		Amount of Each Disbursement this Period 88.04
City Dallas State TX Zip Code 75201	Purpose of Disbursement Contribution Ref to Individual	
Candidate Name	Category/Type	Transaction ID : SB20a-CR90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Refund of Contribution	

Full Name (Last, First, Middle Initial) <b>B. Brandi W. White</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1943 N. Upland Street		Amount of Each Disbursement this Period 88.04
City Arlington State VA Zip Code 22207	Purpose of Disbursement Contribution Ref to Individual	
Candidate Name	Category/Type	Transaction ID : SB20a-CR63
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Refund of Contribution	

Full Name (Last, First, Middle Initial) <b>c. Candler Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 41 Crestwood Dr		Amount of Each Disbursement this Period 88.04
City Savannah State GA Zip Code 31405	Purpose of Disbursement Contribution Ref to Individual	
Candidate Name	Category/Type	Transaction ID : SB20a-CR38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Refund of Contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 63	
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. Erica L. Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 1 Noble Glen Dr		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR76</b>
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Mr. James Corde Wilson III</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 7370 Hodgson Memorial Drive Suite D-10		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR37</b>
City Savannah	State GA Zip Code 31406	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Ms. Elizabeth Anne Wynn</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 6 Butterback Lane		Amount of Each Disbursement this Period 88.04 <b>Transaction ID : SB20a-CR26</b>
City Savannah	State GA Zip Code 31411	
Purpose of Disbursement Contribution Ref to Individual		Refund of Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2014	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.12
<b>TOTAL</b> This Period (last page this line number only).....	8980.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 63	
	<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)  
**David Schwarz For Congress**

Full Name (Last, First, Middle Initial) <b>A. ES3 PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 550 West C Street Suite 1630		Amount of Each Disbursement this Period 5000.00
City San Diego	State CA Zip Code 92101	
Purpose of Disbursement Contribution Refund to MCPC		Transaction ID : SB20c-CR1
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff 2014	Refund of 06/29/13 Contribution
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ES3 PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address 550 West C Street Suite 1630		Amount of Each Disbursement this Period 5000.00
City San Diego	State CA Zip Code 92101	
Purpose of Disbursement Contribution Refund to MCPC		Transaction ID : SB20c-CR2
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff 2014	Refund of 06/29/13 Contribution
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</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		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00