



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Friends of Michelle**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 53941.93                | 1179576.21                         |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 6250.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 53941.93                | 1173326.21                         |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 93893.72                | 404958.42                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 33494.17                           |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 93893.72                | 371464.25                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 800039.51               |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Michelle

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

| I. RECEIPTS   | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                    |
| (i) Itemized (use Schedule A).....  | 29596.47                      | 615058.54                          |
| (ii) Unitemized.....  | 7845.46                       | 45862.26                           |
| (iii) TOTAL of contributions from individuals ▶   | 37441.93                      | 660920.80                          |
| (b) Political Party Committees.....   | 0.00                          | 0.00                               |
| (c) Other Political Committees (such as PACs).....  | 16500.00                      | 518655.41                          |
| (d) The Candidate.....  | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..              | 53941.93                      | 1179576.21                         |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....  | 0.00                          | 0.00                               |
| 13. LOANS:  |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....  | 0.00                          | 0.00                               |
| (b) All Other Loans.....  | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....  | 0.00                          | 0.00                               |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....                                | 0.00                          | 33494.17                           |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.).....   | 0.00                          | 0.00                               |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 53941.93                      | 1213070.38                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 93893.72                      | 404958.42                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 51000.00                           |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 51000.00                           |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 5250.00                            |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 1000.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 6250.00                            |
| 21. OTHER DISBURSEMENTS .....  | 2500.00                       | 19996.83                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 96393.72                      | 482205.25                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 842491.30 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 53941.93  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 896433.23 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 96393.72  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 800039.51 |

**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 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Allocco**

Mailing Address 13308 Hidden Valley Rd NE

City Albuquerque State NM Zip Code 87111-4214

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
446.47

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : C10301012**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Scott Allocco**

Mailing Address 13308 Hidden Valley Rd NE

City Albuquerque State NM Zip Code 87111-4214

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
446.47

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : C10324379**

Amount of Each Receipt this Period  
196.47

\* In-Kind: Food for Event

**C.** Full Name (Last, First, Middle Initial)  
**John W. Anderson**

Mailing Address 2304 Calle De Real NW

City Albuquerque State NM Zip Code 87104-3074

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

Name of Employer Self Occupation Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 10 / 2014

**Transaction ID : C10324399**

Amount of Each Receipt this Period  
300.00

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

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

746.47

**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 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy A. Baca**

Mailing Address 423 Tulane PI NE

City Albuquerque State NM Zip Code 87106-2155

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

Name of Employer Self Occupation Property Manager and Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : C10306055**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dolph H. Barnhouse**

Mailing Address 204 Big Horn Ridge Dr NE

City Albuquerque State NM Zip Code 87122-1925

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

Name of Employer Johnson Barnhouse and Keegan LLC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : C10300994**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Carl David Bedford**

Mailing Address 376 Sandlewood Loop

City Avinger State TX Zip Code 75630-8510

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

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

**Transaction ID : C10239710**

Amount of Each Receipt this Period  
**25.00**

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

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

**275.00**

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 7 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Carl David Bedford**

Mailing Address 376 Sandlewood Loop

City Avinger State TX Zip Code 75630-8510

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 04 / 2014**

**Transaction ID : C10316889**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Sanford Brickner**

Mailing Address 904 Paseo De La Cuma

City Santa Fe State NM Zip Code 87501-1253

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : C10301366**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 721 Calle Picacho

City Santa Fe State NM Zip Code 87505-6607

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

Name of Employer Self Occupation Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : C10306054**

Amount of Each Receipt this Period  
**250.00**

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

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

**525.00**

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 8 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**James D. Bullington**

Mailing Address **PO Box 9534**

City **Santa Fe** State **NM** Zip Code **87504-9534**

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

Name of Employer **Self** Occupation **Government Relations**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : C10307631**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Cristy J. Carbon-Gaul**

Mailing Address **10509 4th St NW**

City **Albuquerque** State **NM** Zip Code **87114-2219**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3950.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : C10300998**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Fletcher R R. Catron**

Mailing Address **1062 Encantado Dr**

City **Santa Fe** State **NM** Zip Code **87501-1086**

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

Name of Employer **Catron, Catron, Pottow & Glassman, PA** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

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

**Transaction ID : C10239637**

Amount of Each Receipt this Period  
**100.00**

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

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

**600.00**



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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Rudolph B. Chavez Esq.**

Mailing Address 2014 Central Ave SW

City Albuquerque State NM Zip Code 87104-1467

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : C10312296**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 1085 Camino Manana

City Santa Fe State NM Zip Code 87501-1088

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : C10303920**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert J. Curtis**

Mailing Address 11808 Beringer Ave NE

City Albuquerque State NM Zip Code 87122-7102

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

Name of Employer Civerolo, Gralow, Hill & Curtis Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **570.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C10306076**

Amount of Each Receipt this Period  
**500.00**

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

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

**1100.00**

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

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

FOR LINE NUMBER: PAGE 10 OF 59  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Evalynn Diamond**

Mailing Address 802 Dennis Way

City Carlsbad State NM Zip Code 88220-3071

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C10306070**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey B. Diamond**

Mailing Address PO Box 1866

City Carlsbad State NM Zip Code 88221-1866

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

Name of Employer Jeff Diamond Law Firm Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C10306065**

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
**Nancy G. Dickenson**

Mailing Address 35 Tano Alto

City Santa Fe State NM Zip Code 87506-7503

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

Name of Employer Rancher Occupation Rancher/filmmaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C10306071**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 11 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Ernest Dole**

Mailing Address 3920 Julene St NE

City Albuquerque State NM Zip Code 87111-3843

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

Name of Employer UNMH Occupation Clinical Pharmacist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : C10309540**

Amount of Each Receipt this Period  
 200.00

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 532 Camino De La Luz

City Santa Fe State NM Zip Code 87506

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

Name of Employer Basham & Basham Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C10306025**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 450.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard D Ellenberg**

Mailing Address 1714 Canyon Rd

City Santa Fe State NM Zip Code 87501-6142

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C10306081**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 750.00

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

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

950.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 12 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Twila Mae Firmature**

Mailing Address 516 Solano Dr NE

City Albuquerque State NM Zip Code 87108-1048

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

Name of Employer Thomson Reuters Occupation Applications Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : C10301006**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey L. Fornaciari**

Mailing Address 218 Montezuma Ave

City Santa Fe State NM Zip Code 87501-2625

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

Name of Employer Hinkle Cox Eaton Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : C10306036**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert H. Forrest**

Mailing Address 1306 W Riverside Dr

City Carlsbad State NM Zip Code 88220-4033

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

Name of Employer Forrest Tire Company Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : C10305948**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1350.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 13 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Joel E. Gallant**

Mailing Address 2327 Boston St  
Unit 13

City Baltimore State MD Zip Code 21224-3671

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

Name of Employer Southwest Care Center Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : C10301019**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Carol Garner**

Mailing Address 13212 Circulo Largo NE

City Albuquerque State NM Zip Code 87112-3770

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

Name of Employer Law Access New Mexico Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : C10300992**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Paula Getz**

Mailing Address 372 La Chamisal Ln NW

City Los Ranchos State NM Zip Code 87107-6253

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

Name of Employer Oracle USA Occupation VP of Risk Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : C10301016**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

**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 14 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Michelle L. Giger**

Mailing Address 4808 College Heights Drive NW

City Albuquerque State NM Zip Code 87120-2435

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

Name of Employer Center for Civic Values Occupation Nonprofit CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **910.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 27 / 2014**

**Transaction ID : C10309683**

Amount of Each Receipt this Period  
**65.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dale W W Gunn**

Mailing Address PO Box 14175

City Albuquerque State NM Zip Code 87191

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

Name of Employer Zia Diagnostic Imaging Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : C10300999**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 505 Oppenheimer Dr no. 604

City Los Alamos State NM Zip Code 87544-2389

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

Name of Employer None Occupation Retired Physicist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 26 / 2014**

**Transaction ID : C10309570**

Amount of Each Receipt this Period  
**250.00**

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

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

**565.00**

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

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

FOR LINE NUMBER: PAGE 15 OF 59  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Hart Stebbins**

Mailing Address **PO Box 27191**

City **Albuquerque** State **NM** Zip Code **87125-7191**

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

Name of Employer **Bernalillo County** Occupation **County Commissioner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : C10306578**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Thomas J. Horan**

Mailing Address **510 Laguna Blvd SW**

City **Albuquerque** State **NM** Zip Code **87104-1117**

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

Name of Employer **Self** Occupation **Government Relations**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : C10307404**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Eileen Ireland**

Mailing Address **722 5th Street**

City **Las Vegas** State **NM** Zip Code **87701-4329**

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

Name of Employer **none** Occupation **not employed**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**479.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 08 / 2014**

**Transaction ID : C10322854**

Amount of Each Receipt this Period  
**25.00**

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

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

**325.00**

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

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

FOR LINE NUMBER: PAGE 16 OF 59  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas E. Jennings**

Mailing Address **PO Box 1797**

City **Roswell** State **NM** Zip Code **88202-1797**

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

Name of Employer **Self** Occupation **Business owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 11 / 2014**

**Transaction ID : C10298518**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Karl E. Johnson**

Mailing Address **4808 College Heights Drive NW**

City **Albuquerque** State **NM** Zip Code **87120-2435**

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

Name of Employer **Johnson Barnhouse & Keegan LLP** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**910.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 27 / 2014**

**Transaction ID : C10309684**

Amount of Each Receipt this Period  
**65.00**

**C.** Full Name (Last, First, Middle Initial)  
**Thomas F. Keleher**

Mailing Address **3045 Corrales Rd**

City **Corrales** State **NM** Zip Code **87048-9133**

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

Name of Employer **Keleher & McLeod, PA** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : C10306041**

Amount of Each Receipt this Period  
**250.00**

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

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

**815.00**



**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 17 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>Shannon L. Kennedy</b>  |                                   | Date of Receipt<br>MM / DD / YYYY<br>05 / 02 / 2014 |
| Mailing Address 2420 Dietz Farm Rd NW   |                                   | <b>Transaction ID : C10316762</b>                   |
| City<br>Los Ranchos   | State<br>NM                       |   |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Kennedy Law Firm  | Occupation<br>Attorney            |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>Ruth L. Kovnat</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 23 / 2014 |
| Mailing Address 407 Camino Del Monte Sol  |                                     | <b>Transaction ID : C10306064</b>                   |
| City<br>Santa Fe  | State<br>NM                         |   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>None  | Occupation<br>Retired Law Professor |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00    |   |

|   |                                  |   |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>Kathyleen M. Kunkel</b>   |                                  | Date of Receipt<br>MM / DD / YYYY<br>04 / 16 / 2014 |
| Mailing Address 1324 Camino Amparo NW   |                                  | <b>Transaction ID : C10299489</b>                   |
| City<br>Albuquerque   | State<br>NM                      |   |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Walz and Associates   | Occupation<br>Attorney           |   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>400.00 |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1520.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 18 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

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

Mailing Address **PO Box 5682**

City **Santa Fe** State **NM** Zip Code **87502-5682**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : C10305953**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kay Krochman Marks**

Mailing Address **1289 Lejano Ln**

City **Santa Fe** State **NM** Zip Code **87501-8751**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : C10305951**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Diane Marshall**

Mailing Address **1305 Marquette PI NE**

City **Albuquerque** State **NM** Zip Code **87106-4611**

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

Name of Employer **University of New Mexico** Occupation **Professor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 18 / 2014**

**Transaction ID : C10301941**

Amount of Each Receipt this Period  
**250.00**

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

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

**1250.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 19 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Parris P McBride-Martin**

Mailing Address 102 San Salvador Ln

City Santa Fe State NM Zip Code 87501-1740

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

Name of Employer George RR Martin Occupation Personal Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3300.07**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : C10305956**

Amount of Each Receipt this Period  
**799.93**

**B.** Full Name (Last, First, Middle Initial)  
**Parris P McBride-Martin**

Mailing Address 102 San Salvador Ln

City Santa Fe State NM Zip Code 87501-1740

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

Name of Employer George RR Martin Occupation Personal Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3300.07**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : C10306133**

Amount of Each Receipt this Period  
**700.07**

**C.** Full Name (Last, First, Middle Initial)  
**Martha C. McGrew M.D.**

Mailing Address MSC 09 4050  
1 University of New Mexico

City Albuquerque State NM Zip Code 87131-0001

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

Name of Employer The University of New Mexico School of Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : C10301020**

Amount of Each Receipt this Period  
**250.00**

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

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

**1750.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 20 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Dennis Menapace**

Mailing Address 4 Wide Ruin Ct

City Placitas State NM Zip Code 87043-8853

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

Name of Employer Self Occupation Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C10306050**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard C. Minzner**

Mailing Address 4462 Avenida Del Sol NE

City Albuquerque State NM Zip Code 87110-6179

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

Name of Employer Rodey Law Firm Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : C10328070**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Melinda Moffitt**

Mailing Address 2710 Veranda Rd NW

City Albuquerque State NM Zip Code 87107-2941

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : C10254768**

Amount of Each Receipt this Period  
 100.00

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 21 OF 59  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Melinda Moffitt**

Mailing Address 2710 Veranda Rd NW

City Albuquerque State NM Zip Code 87107-2941

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : C10322295**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Sarita Nair**

Mailing Address 3 Garden Park Cir NW

City Albuquerque State NM Zip Code 87107-2620

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1050.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : C10310842**

Amount of Each Receipt this Period  
**75.00**

**C.** Full Name (Last, First, Middle Initial)  
**Daniel A Najjar**

Mailing Address 2594 Calle Delfino

City Santa Fe State NM Zip Code 87505-6488

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

Name of Employer Virtue & Najjar PC Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : C10321348**

Amount of Each Receipt this Period  
**250.00**

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

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

**425.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 22 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**David L. Norvell**

Mailing Address 1206 Las Lomas Rd NE

City Albuquerque State NM Zip Code 87106-4526

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

Name of Employer Norvell Law Firm Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : C10301001**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jane Ogburn**

Mailing Address 13204 Hidden Valley Rd NE

City Albuquerque State NM Zip Code 87111-4212

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

Name of Employer UNMH Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : C10301003**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Patrick T. Ortiz**

Mailing Address 1030 Stagecoach Rd

City Santa Fe State NM Zip Code 87501-1148

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

Name of Employer Cuddy & McCarthy LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : C10306061**

Amount of Each Receipt this Period  
**2600.00**

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

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

**3000.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 23 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Michelle A. Ozburn**

Mailing Address 915 Camino De Salud Northeast

City Albuquerque State NM Zip Code 87131-0001

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

Name of Employer UNM Occupation Professor of Marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : C10300995**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael R Palmer**

Mailing Address 29 Sandia Heights Dr NE

City Albuquerque State NM Zip Code 87122-2009

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : C10301007**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Pueblo of Santo Domingo**

Mailing Address PO Box 998

City Santo Domingo Pueb State NM Zip Code 87052

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : C10328067**

Amount of Each Receipt this Period  
2300.00

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

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

2800.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 24 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Pueblo of Tesuque**

Mailing Address **Gov. Mark Mitchell**  
**RR 42 Box 360T**

City **Santa Fe** State **NM** Zip Code **87506-2632**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : C10287897**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jose Mannie Rodriguez**

Mailing Address **1435 Kokai Cir**

City **Denver** State **CO** Zip Code **80221-3998**

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

Name of Employer Occupation  
**RRK Enterprises Business Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 26 / 2014**

**Transaction ID : C10312398**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Raymond G. Sanchez**

Mailing Address **PO Box 1966**

City **Albuquerque** State **NM** Zip Code **87103-1966**

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

Name of Employer Occupation  
**Sanchez Mowrer & Desiderio Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : C10311582**

Amount of Each Receipt this Period  
**75.00**

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

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

**2075.00**



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 25 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Martin Shore</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 08 / 2014 |
| Mailing Address 6509 High Ridge PI NE   |                                  | <b>Transaction ID : C10255294</b>                        |
| City<br>Albuquerque   | State<br>NM                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>39.00              |
| Name of Employer<br>retired   | Occupation<br>retired CPA        |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>402.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Martin Shore</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 15 / 2014 |
| Mailing Address 6509 High Ridge PI NE   |                                  | <b>Transaction ID : C10299421</b>                        |
| City<br>Albuquerque   | State<br>NM                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>8.00               |
| Name of Employer<br>retired   | Occupation<br>retired CPA        |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>402.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Linda S. Siegle</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 17 / 2014 |
| Mailing Address PO Box 8602   |                                  | <b>Transaction ID : C10301004</b>                        |
| City<br>Santa Fe  | State<br>NM                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>100.00             |
| Name of Employer<br>Resources for Change  | Occupation<br>Business Owner     |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>400.00 |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 147.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 26 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Linda S. Siegle**

Mailing Address **PO Box 8602**

City **Santa Fe** State **NM** Zip Code **87504-8602**

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

Name of Employer **Resources for Change** Occupation **Business Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 03 / 2014**

**Transaction ID : C10324365**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Melinda M. Snodgrass**

Mailing Address **4 Vista Sierra Bonita # B**

City **Lamy** State **NM** Zip Code **87540-7563**

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

Name of Employer **Self** Occupation **Writer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : C10305959**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**William S Spotz**

Mailing Address **14320 Soula Dr NE**

City **Albuquerque** State **NM** Zip Code **87123-1929**

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

Name of Employer **Sandia National Laboratories** Occupation **Scientist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : C10301014**

Amount of Each Receipt this Period  
**250.00**

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

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

**450.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 27 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**John B. Strong**

Mailing Address 1501 San Patricio Ave SW

City Albuquerque State NM Zip Code 87104-1045

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

Name of Employer Self Occupation Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C10306078**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Linda Suydam**

Mailing Address 3 Six Range Point Rd

City Placitas State NM Zip Code 87043-8911

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

Name of Employer None Occupation Retired Healthcare Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : C10312184**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Allan L. Swartzberg**

Mailing Address 405 Circle Dr

City Santa Fe State NM Zip Code 87501-8883

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

Name of Employer Irvru Co. Occupation Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C10306051**

Amount of Each Receipt this Period  
250.00

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

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

850.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 28 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Paula Tackett**

Mailing Address 7459B Old Santa Fe Trl

City Santa Fe State NM Zip Code 87505-9578

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 475.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : C10311584**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Bernard Toon**

Mailing Address 420 7th St NW  
Apt 607

City Washington State DC Zip Code 20004-2212

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

Name of Employer The First Group Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C10306085**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Berthold E. Umland**

Mailing Address 737 Valverde Dr SE

City Albuquerque State NM Zip Code 87108-3467

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

Name of Employer UNM Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : C10300996**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 850.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 29 OF 59  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**John K. Vance**

Mailing Address 8232 Loma Del Norte Rd NE

City Albuquerque State NM Zip Code 87109-4981

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

Name of Employer Ret. Occupation Retired Air Force/ Safety Engineer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : C10309910**

Amount of Each Receipt this Period  
 150.00

Amount of Each Receipt this Period  
 1727.00

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Kay Vincent-Collawn**

Mailing Address 4408 Atherton Way NW

City Albuquerque State NM Zip Code 87120-1262

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

Name of Employer PNM Resources Occupation Chief Executive Officer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : C10326506**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Anna M. Voltura**

Mailing Address 401 Vera Dr

City Santa Fe State NM Zip Code 87501-1349

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

Name of Employer University of New Mexico Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : C10301013**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 1000.00

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

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

1400.00

**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 30 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Joe Wickert**

Mailing Address Po Box 6351

City Santa Fe State NM Zip Code 87502-6351

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

Name of Employer SF Public schools Occupation Spec Ed Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1003.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : C10306576**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jane B. Wishner**

Mailing Address 518 Black Bear Loop NE

City Albuquerque State NM Zip Code 87122-1802

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

Name of Employer The Urban Institute Occupation Health Policy Researcher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : C10321341**

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
**Jane B. Wishner**

Mailing Address 518 Black Bear Loop NE

City Albuquerque State NM Zip Code 87122-1802

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

Name of Employer The Urban Institute Occupation Health Policy Researcher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : C1032180**

Amount of Each Receipt this Period  
400.00

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

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

1000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 31 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Donald H. Wiviott**

Mailing Address 3600 Cerrillos Rd  
Ste 718

City Santa Fe State NM Zip Code 87507-2690

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

Name of Employer The Lofts Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : C10306108**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Wendy Ellen York**

Mailing Address 1604 Camino Rosario NW

City Albuquerque State NM Zip Code 87107

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

Name of Employer Sheehan and Sheehan Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : C10254792**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Debbie J Fleischaker**

Mailing Address 653 Canyon Rd  
Apt 8

City Santa Fe State NM Zip Code 87501-2762

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : C10329167A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

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

1350.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 32 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer \_\_\_\_\_ Occupation  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **2953.46**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 11 / 2014**

**Transaction ID : C10329167AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

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

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

Mailing Address **140 W Zia Rd**

City **Santa Fe** State **NM** Zip Code **87505-5766**

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

Name of Employer **The Trust for Public Land** Occupation  
**Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2014**

**Transaction ID : C10316575A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **250.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer \_\_\_\_\_ Occupation  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **2953.46**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 06 / 2014**

**Transaction ID : C10316575AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **250.00**

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

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

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

\_\_\_\_\_ **250.00**

\_\_\_\_\_



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 33 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Henry Mac Lewis**

Mailing Address 19 Sonrisa Trail

City Santa Fe State NM Zip Code 87506-1286

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

Name of Employer State of New Mexico Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : C10329273A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** c00439703

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2953.46

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : C10329273AB**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
**Charlotte Roybal**

Mailing Address 27 Calle Varada

City Santa Fe State NM Zip Code 87507-7615

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

Name of Employer Policy Connections Occupation Consultant- Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2014

**Transaction ID : C10316714A**

Amount of Each Receipt this Period  
75.00

\* Earmarked Contribution: See Below

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

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

325.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 34 OF 59 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**2953.46**

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 0 |   | 2 | 0 | 1 | 4 |

**Transaction ID : C10316714AB**

Amount of Each Receipt this Period  

|   |   |   |   |   |
|---|---|---|---|---|
| 7 | 5 | . | 0 | 0 |
|---|---|---|---|---|

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

**B.** Full Name (Last, First, Middle Initial)  
**Joe Wickert**

Mailing Address **Po Box 6351**

City **Santa Fe** State **NM** Zip Code **87502-6351**

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

Name of Employer **SF Public schools** Occupation **Spec Ed Teacher**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**1003.00**

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 6 |   | 2 | 0 | 1 | 4 |

**Transaction ID : C10316667A**

Amount of Each Receipt this Period  

|   |   |   |   |
|---|---|---|---|
| 3 | . | 0 | 0 |
|---|---|---|---|

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C c00439703**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**2953.46**

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 0 |   | 2 | 0 | 1 | 4 |

**Transaction ID : C10316667AB**

Amount of Each Receipt this Period  

|   |   |   |   |
|---|---|---|---|
| 3 | . | 0 | 0 |
|---|---|---|---|

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

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

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 3 | . | 0 | 0 |   |   |   |
| 2 | 9 | 5 | 3 | . | 4 | 6 |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 35 OF 59 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

A. Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address 25 Massachusetts Ave NW  
Ste 550

City Washington State DC Zip Code 20001-1408

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 03 / 2014

**Transaction ID : C10317124**

Amount of Each Receipt this Period  
1500.00

B. Full Name (Last, First, Middle Initial)  
American Medical Association PAC

Mailing Address 25 Massachusetts Ave NW  
Ste 600

City Washington State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 10 / 2014

**Transaction ID : C10324398**

Amount of Each Receipt this Period  
3000.00

C. Full Name (Last, First, Middle Initial)  
ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City INDIANAPOLIS State IN Zip Code 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : C10324295**

Amount of Each Receipt this Period  
1000.00

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

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

5500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 36 OF 59 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

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

Mailing Address **1133 CONNECTICUT AVE NW  
SUITE 1100**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00411553**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : C10308767**

Amount of Each Receipt this Period  
**1500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MACHINISTS NON PARTISAN POLITICAL LEAGUE OF THE INTERNATIONAL ASSOCIATION OF MACHINISTS &**

Mailing Address **9000 Machinists Pl**

City **Upper Marlboro** State **MD** Zip Code **20772-2675**

FEC ID number of contributing federal political committee. **C C00002469**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : C10325833**

Amount of Each Receipt this Period  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)**

Mailing Address **25 Massachusetts Ave NW  
Ste 100**

City **Washington** State **DC** Zip Code **20001-1434**

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : C10324294**

Amount of Each Receipt this Period  
**1000.00**

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

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

**7500.00**

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

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

FOR LINE NUMBER: PAGE 37 OF 59  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**National Farmers Union**

Mailing Address **20 F STREET SUITE 300, NW**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00151019**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : C10316745**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CONSTRUCTION TRADES DEPARTMENT, AFL-CIO**

Mailing Address **815 16th St NW Ste 600**

City **Washington** State **DC** Zip Code **20006-4101**

FEC ID number of contributing federal political committee. **C C00003160**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 01 / 2014**

**Transaction ID : C10278007**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**THE VOICES OF THE AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES**

Mailing Address **80 F St NW**

City **Washington** State **DC** Zip Code **20001-1528**

FEC ID number of contributing federal political committee. **C C00512293**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : C10319837**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2500.00**

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

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

FOR LINE NUMBER: PAGE 38 OF 59  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A.** Full Name (Last, First, Middle Initial)  
**Wellpoint, Inc. WELLPAC**

Mailing Address 120 Monument Cir

City Indianapolis State IN Zip Code 46204-4906

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : C10299197**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

16500.00

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 39 OF 59                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Advanced Network Strategies, LLC</b>                            |  | Date of Disbursement<br>MM / DD / YYYY<br><b>04 / 17 / 2014</b>                       |
| Mailing Address <b>236 Massachusetts Ave NE Ste 603</b>  |  | Amount of Each Disbursement this Period<br>6000.00<br><b>Transaction ID : D715078</b> |
| City <b>Washington</b> State <b>DC</b> Zip Code <b>20002-4971</b>  | Purpose of Disbursement<br><b>Consultant - Fundraising</b>   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Albuquerque Pride</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br><b>05 / 13 / 2014</b>                      |
| Mailing Address <b>420 Central Ave, SW</b>   |  | Amount of Each Disbursement this Period<br>275.00<br><b>Transaction ID : D715271</b> |
| City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87102</b>  | Purpose of Disbursement<br><b>Event Fees</b>   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Authorize.Net</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br><b>05 / 02 / 2014</b>                     |
| Mailing Address <b>PO Box 8999</b>   |  | Amount of Each Disbursement this Period<br>17.95<br><b>Transaction ID : D715267</b> |
| City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94128-8999</b>   | Purpose of Disbursement<br><b>Online Credit Card Processing Fee</b>  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 6292.95 |
| <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:<br>(check only one)  | PAGE 40 OF 59 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Authorize.Net</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 02 / 2014</b> |
| Mailing Address <b>PO Box 8999</b>  |   | Amount of Each Disbursement this Period<br><b>17.95</b>              |
| City<br><b>San Francisco</b>  | State<br><b>CA</b>  |  |
| Zip Code<br><b>94128-8999</b>   | Purpose of Disbursement<br><b>Online Credit Card Processing Fee</b>   | <b>Transaction ID : D715244</b>                                      |
| Candidate Name  | Category/Type   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CB Solutions, LLC</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>05 / 01 / 2014</b> |
| Mailing Address <b>5801 Desert View Ct NE</b>   |   | Amount of Each Disbursement this Period<br><b>3000.00</b>            |
| City<br><b>Rio Rancho</b>   | State<br><b>NM</b>  |  |
| Zip Code<br><b>87144-2638</b>   | Purpose of Disbursement<br><b>Campaign Management Consulting</b>  | <b>Transaction ID : D715088</b>                                      |
| Candidate Name  | Category/Type   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. CB Solutions, LLC</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 01 / 2014</b> |
| Mailing Address <b>5801 Desert View Ct NE</b>   |   | Amount of Each Disbursement this Period<br><b>3000.00</b>            |
| City<br><b>Rio Rancho</b>   | State<br><b>NM</b>  |  |
| Zip Code<br><b>87144-2638</b>   | Purpose of Disbursement<br><b>Campaign Management Consulting</b>  | <b>Transaction ID : D715064</b>                                      |
| Candidate Name  | Category/Type   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |   |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>6017.95</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |



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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 41 OF 59                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A. Delta Air Lines**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement Airline Ticket

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 30 / 2014

Amount of Each Disbursement this Period: 585.00

Transaction ID : D715259

**B. Democratic Congressional Campaign Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement Transfer to Party Committee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 09 / 2014

Amount of Each Disbursement this Period: 10000.00

Transaction ID : D712804

**C. Democratic Party of New Mexico**

Full Name (Last, First, Middle Initial)  
Mailing Address 3200 Monte Vista Blvd NE

City Albuquerque State NM Zip Code 87106-2120

Purpose of Disbursement Event Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 05 / 2014

Amount of Each Disbursement this Period: 900.00

Transaction ID : D715066

**SUBTOTAL** of Disbursements This Page (optional) ..... 11485.00

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

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 42 OF 59 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. EMERGE New Mexico</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 12 / 2014                        |
| Mailing Address PO Box 27207   |   | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : D715071</b> |
| City<br>Albuquerque  | State<br>NM   |  |
| Zip Code<br>87125-7207   | Purpose of Disbursement<br>Training Fee   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. First Data USA</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 05 / 2014                        |
| Mailing Address 5565 Glenridge Connector NE Ste 2000   |   | Amount of Each Disbursement this Period<br>613.68<br><b>Transaction ID : D715270</b> |
| City<br>Atlanta  | State<br>GA   |  |
| Zip Code<br>30342-1651   | Purpose of Disbursement<br>Online Credit Card Processing Fee  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. First Data USA</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 02 / 2014                        |
| Mailing Address 5565 Glenridge Connector NE Ste 2000   |   | Amount of Each Disbursement this Period<br>797.36<br><b>Transaction ID : D715308</b> |
| City<br>Atlanta  | State<br>GA   |  |
| Zip Code<br>30342-1651   | Purpose of Disbursement<br>Online Credit Card Processing Fee  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1611.04 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 43 OF 59                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends of Maggie Toulouse Oliver</b>                           |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 05 / 2014</b>                        |
| Mailing Address <b>PO Box 3071</b>   |  | Amount of Each Disbursement this Period<br><b>500.00</b><br><b>Transaction ID : D715067</b> |
| City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87109</b>  | Purpose of Disbursement<br><b>Political Campaign Contribution</b>  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Matthew GlouDEMANS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 15 / 2014</b>                         |
| Mailing Address <b>407 Vassar Dr SE</b>  |  | Amount of Each Disbursement this Period<br><b>1305.75</b><br><b>Transaction ID : D715074</b> |
| City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87106-2805</b>   | Purpose of Disbursement<br><b>Salary</b>   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Matthew GlouDEMANS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 01 / 2014</b>                         |
| Mailing Address <b>407 Vassar Dr SE</b>  |  | Amount of Each Disbursement this Period<br><b>1305.75</b><br><b>Transaction ID : D715063</b> |
| City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87106-2805</b>   | Purpose of Disbursement<br><b>Salary</b>   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>3111.50</b> |
| <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:<br>(check only one)  | PAGE 44 OF 59 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Matthew Gludemans</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 01 / 2014                         |
| Mailing Address 407 Vassar Dr SE                                       |  | Amount of Each Disbursement this Period<br>1305.75<br><b>Transaction ID : D715086</b> |
| City Albuquerque   | State NM   |   |
| Zip Code 87106-2805  | Purpose of Disbursement Salary   | Category/Type   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |   |
| Disbursement For: 2014   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                     |   |
| <input type="checkbox"/> Other (specify)                               | State: District:   |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Greenberg Quinlan Rosner Research</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 03 / 2014                          |
| Mailing Address 10 G St NE Ste 500   |  | Amount of Each Disbursement this Period<br>32100.00<br><b>Transaction ID : D715091</b> |
| City Washington  | State DC   |  |
| Zip Code 20002-4228  | Purpose of Disbursement Polling  | Category/Type  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  |
| Disbursement For: 2014   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                     |  |
| <input type="checkbox"/> Other (specify)   | State: District:   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Sarah Grisham</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 15 / 2014                        |
| Mailing Address 516 Solar Rd NW                                    |  | Amount of Each Disbursement this Period<br>803.70<br><b>Transaction ID : D715073</b> |
| City Albuquerque   | State NM   |  |
| Zip Code 87107-5742  | Purpose of Disbursement Salary   | Category/Type  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  |
| Disbursement For: 2014   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                     |  |
| <input type="checkbox"/> Other (specify)                           | State: District:   |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 34209.45 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 45 OF 59 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sarah Grisham</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 01 / 2014                        |
| Mailing Address 516 Solar Rd NW  |  | Amount of Each Disbursement this Period<br>803.70<br><b>Transaction ID : D715085</b> |
| City Albuquerque   | State NM Zip Code 87107-5742   |  |
| Purpose of Disbursement<br>Salary  | Category/Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sarah Grisham</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 01 / 2014                        |
| Mailing Address 516 Solar Rd NW  |  | Amount of Each Disbursement this Period<br>803.70<br><b>Transaction ID : D715065</b> |
| City Albuquerque   | State NM Zip Code 87107-5742   |  |
| Purpose of Disbursement<br>Salary  | Category/Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Sarah Grisham</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 02 / 2014                      |
| Mailing Address 516 Solar Rd NW  |  | Amount of Each Disbursement this Period<br>5.28<br><b>Transaction ID : D715319</b> |
| City Albuquerque   | State NM Zip Code 87107-5742   |  |
| Purpose of Disbursement<br>Reimburse Office Supplies - name tags   | Category/Type  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1612.68 |
| <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:<br>(check only one)  | PAGE 46 OF 59 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

**A. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 5338 Montgomery Blvd NE

City Albuquerque State NM Zip Code 87109-1338

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 01 / 2014

Amount of Each Disbursement this Period: 179.44

Transaction ID : D715261

**B. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 5338 Montgomery Blvd NE

City Albuquerque State NM Zip Code 87109-1338

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 14 / 2014

Amount of Each Disbursement this Period: 2822.75

Transaction ID : D715251

**c. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address 5338 Montgomery Blvd NE

City Albuquerque State NM Zip Code 87109-1338

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 28 / 2014

Amount of Each Disbursement this Period: 173.03

Transaction ID : D715255

**SUBTOTAL** of Disbursements This Page (optional) ..... 3175.22

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

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 47 OF 59                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|  |               |  |
|--|---------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Keurig, Inc.</b>  |               | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 09 / 2014</b> |
| Mailing Address <b>55 Walkers Brook Dr</b>   |               | Amount of Each Disbursement this Period<br><b>112.74</b>             |
| City <b>Reading</b> State <b>MA</b> Zip Code <b>01867-3272</b>   | Category/Type |  |
| Purpose of Disbursement<br><b>Beverages for Staff &amp; Volunteers</b>   |               | <b>Transaction ID : D715250</b>                                      |
| Candidate Name   |               |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |               |  |
| State: District:   |               |  |

|  |               |  |
|--|---------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sheila A Nelson</b>   |               | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 01 / 2014</b> |
| Mailing Address <b>2828 Butch Cassidy Dr SW</b>  |               | Amount of Each Disbursement this Period<br><b>500.00</b>             |
| City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87121-5013</b>   | Category/Type |  |
| Purpose of Disbursement<br><b>Database Support</b>   |               | <b>Transaction ID : D715060</b>                                      |
| Candidate Name   |               |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |               |  |
| State: District:   |               |  |

|  |               |  |
|--|---------------|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Sheila A Nelson</b>   |               | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>05 / 01 / 2014</b> |
| Mailing Address <b>2828 Butch Cassidy Dr SW</b>  |               | Amount of Each Disbursement this Period<br><b>500.00</b>             |
| City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87121-5013</b>   | Category/Type |  |
| Purpose of Disbursement<br><b>Database Support</b>   |               | <b>Transaction ID : D715083</b>                                      |
| Candidate Name   |               |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |               |  |
| State: District:   |               |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1112.74</b> |
| <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:<br>(check only one)          | PAGE 48 OF 59                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sheila A Nelson</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>05 / 01 / 2014</b>                        |
| Mailing Address <b>2828 Butch Cassidy Dr SW</b>   |   | Amount of Each Disbursement this Period<br><b>183.90</b><br><b>Transaction ID : D715084</b> |
| City <b>Albuquerque</b>   | State <b>NM</b> Zip Code <b>87121-5013</b>  |   |
| Purpose of Disbursement<br><b>Mileage Reimbursement</b>   | Candidate Name  | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. New Mexico Dept of Workforce Solutions</b>                               |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>05 / 01 / 2014</b>                        |
| Mailing Address <b>PO Box 2281</b>  |   | Amount of Each Disbursement this Period<br><b>331.06</b><br><b>Transaction ID : D715260</b> |
| City <b>Albuquerque</b>   | State <b>NM</b> Zip Code <b>87103-2281</b>  |   |
| Purpose of Disbursement<br><b>Unemployment</b>  | Candidate Name  | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. New Mexico Taxation &amp; Revenue Dept</b>                               |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 28 / 2014</b>                        |
| Mailing Address <b>PO Box 25127</b>   |   | Amount of Each Disbursement this Period<br><b>361.21</b><br><b>Transaction ID : D715256</b> |
| City <b>Santa Fe</b>  | State <b>NM</b> Zip Code <b>87504-5127</b>  |   |
| Purpose of Disbursement<br><b>Payroll Taxes</b>   | Candidate Name  | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |   |   |

|   |               |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>876.17</b> |
| <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:<br>(check only one)  | PAGE 49 OF 59 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. NGP VAN Inc</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 29 / 2014</b> |
| Mailing Address <b>1101 15th St NW Ste 500</b>  |  | Amount of Each Disbursement this Period<br><b>1356.69</b>            |
| City <b>Washington</b> State <b>DC</b> Zip Code <b>20005-5006</b>   | Category/Type  |  |
| Purpose of Disbursement<br><b>Database Upgrade</b>  | Candidate Name   | <b>Transaction ID : D715258</b>                                      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. NGP VAN Inc</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 07 / 2014</b> |
| Mailing Address <b>1101 15th St NW Ste 500</b>  |  | Amount of Each Disbursement this Period<br><b>2100.00</b>            |
| City <b>Washington</b> State <b>DC</b> Zip Code <b>20005-5006</b>   | Category/Type  |  |
| Purpose of Disbursement<br><b>Database, Online contribution fee, broadcast email fee</b>                                  | Candidate Name   | <b>Transaction ID : D715248</b>                                      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. PhoneTag</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>05 / 05 / 2014</b> |
| Mailing Address <b>3099 N 1st St</b>  |  | Amount of Each Disbursement this Period<br><b>33.45</b>              |
| City <b>San Jose</b> State <b>CA</b> Zip Code <b>95134-2006</b>   | Category/Type  |  |
| Purpose of Disbursement<br><b>Voicemail Service</b>   | Candidate Name   | <b>Transaction ID : D715269</b>                                      |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>3490.14</b> |
| <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:<br>(check only one)  | PAGE 50 OF 59 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PhoneTag</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2014 |
| Mailing Address 3099 N 1st St  |  | Amount of Each Disbursement this Period<br>29.95              |
| City San Jose State CA Zip Code 95134-2006   | Purpose of Disbursement Voicemail Service  |   |
| Candidate Name   | Category/Type  | Transaction ID : D715246                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Santa Fe Softball Association</b>                               |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 06 / 2014 |
| Mailing Address 200 Lincoln Ave  |  | Amount of Each Disbursement this Period<br>225.00             |
| City Santa Fe State NM Zip Code 87504  | Purpose of Disbursement Team Sponsorship   |   |
| Candidate Name   | Category/Type  | Transaction ID : D715092                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Frank Spring</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 01 / 2014 |
| Mailing Address 317 Cornell Dr SE  |  | Amount of Each Disbursement this Period<br>2350.98            |
| City Albuquerque State NM Zip Code 87106-3584  | Purpose of Disbursement Salary   |   |
| Candidate Name   | Category/Type  | Transaction ID : D715062                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2605.93 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 51 OF 59                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Frank Spring</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 15 / 2014</b>                         |
| Mailing Address <b>317 Cornell Dr SE</b>   |  | Amount of Each Disbursement this Period<br><b>2350.98</b><br><b>Transaction ID : D715075</b> |
| City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87106-3584</b>   | Purpose of Disbursement<br><b>Salary</b>   |  |
| Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Frank Spring</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 15 / 2014</b>                        |
| Mailing Address <b>317 Cornell Dr SE</b>   |  | Amount of Each Disbursement this Period<br><b>279.38</b><br><b>Transaction ID : D715076</b> |
| City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87106-3584</b>   | Purpose of Disbursement<br><b>Reimburse for Printer</b>  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Tim Keller for New Mexico</b>                                   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 05 / 2014</b>                        |
| Mailing Address <b>11023 Vistazo PL SE</b>   |  | Amount of Each Disbursement this Period<br><b>250.00</b><br><b>Transaction ID : D715068</b> |
| City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87123</b>  | Purpose of Disbursement<br><b>Political Campaign Contribution</b>  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>2880.36</b> |
| <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:<br>(check only one)          |                                    | PAGE 52 OF 59                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. United States Postal Service</b>                                |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 17 / 2014</b>                        |
| Mailing Address <b>111 Alvarado Dr SE</b>  |   | Amount of Each Disbursement this Period<br><b>245.00</b><br>Transaction ID : <b>D715077</b> |
| City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87108-3496</b>   | Purpose of Disbursement<br><b>Stamps</b>  |   |
| Candidate Name   | Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Utrecht, Kleinfeld, Fiori, Zeglis &amp; Partners</b>            |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 05 / 2014</b>                        |
| Mailing Address <b>1900 M St NW Ste 500</b>  |   | Amount of Each Disbursement this Period<br><b>827.12</b><br>Transaction ID : <b>D715069</b> |
| City <b>Washington</b> State <b>DC</b> Zip Code <b>20036-3522</b>  | Purpose of Disbursement<br><b>Legal Services</b>  |   |
| Candidate Name   | Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |   |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Stefanie Weber</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 01 / 2014</b>                         |
| Mailing Address <b>PO Box 35268</b>  |   | Amount of Each Disbursement this Period<br><b>1151.09</b><br>Transaction ID : <b>D715061</b> |
| City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87176-5268</b>   | Purpose of Disbursement<br><b>Salary</b>  |  |
| Candidate Name   | Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <b>2014</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |   |  |

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|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>2223.21</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 53 OF 59                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Stefanie Weber</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 01 / 2014                         |
| Mailing Address PO Box 35268  |   | Amount of Each Disbursement this Period<br>1315.84<br><b>Transaction ID : D715087</b> |
| City<br>Albuquerque   | State<br>NM   |   |
| Zip Code<br>87176-5268  | Purpose of Disbursement<br>Salary   | Category/<br>Type   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |   |
| <input type="checkbox"/> Other (specify)                            | State: District:  |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Stefanie Weber</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 15 / 2014                         |
| Mailing Address PO Box 35268  |   | Amount of Each Disbursement this Period<br>1151.09<br><b>Transaction ID : D715072</b> |
| City<br>Albuquerque   | State<br>NM   |   |
| Zip Code<br>87176-5268  | Purpose of Disbursement<br>Salary   | Category/<br>Type   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |   |
| <input type="checkbox"/> Other (specify)                            | State: District:  |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Jasmine Zamani</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 17 / 2014                         |
| Mailing Address 7240 Evans Mill Rd                                  |   | Amount of Each Disbursement this Period<br>6000.00<br><b>Transaction ID : D715079</b> |
| City<br>McLean  | State<br>VA   |   |
| Zip Code<br>22101-3422  | Purpose of Disbursement<br>Consultant - Fundraising   | Category/<br>Type   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |   |
| <input type="checkbox"/> Other (specify)                            | State: District:  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 8466.93 |
| <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:<br>(check only one)                                   | PAGE 54 OF 59   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jasmine Zamani</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 17 / 2014 |
| Mailing Address 7240 Evans Mill Rd  |  | Amount of Each Disbursement this Period<br>2846.66       |
| City<br>McLean  | State<br>VA  |  |
| Zip Code<br>22101-3422  | Purpose of Disbursement<br>Reimburse Event Food and Supplies, See Below  | <b>Transaction ID : D715080</b>                          |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Johnny's Half Shell</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 17 / 2014 |
| Mailing Address 400 N Capitol St NW   |  | Amount of Each Disbursement this Period<br>290.00        |
| City<br>Washington  | State<br>DC  |  |
| Zip Code<br>20001-1511  | Purpose of Disbursement<br>Event Food and Fees   | <b>Transaction ID : D715306</b>                          |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b>                                       |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Johnny's Half Shell</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 17 / 2014 |
| Mailing Address 400 N Capitol St NW   |  | Amount of Each Disbursement this Period<br>100.00        |
| City<br>Washington  | State<br>DC  |  |
| Zip Code<br>20001-1511  | Purpose of Disbursement<br>Event Deposit   | <b>Transaction ID : D715307</b>                          |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b>                                       |
| State: District:  |  |  |

|   |         |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2846.66 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 55 OF 59                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Johnny's Half Shell</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 17 / 2014 |
| Mailing Address 400 N Capitol St NW   |  | Amount of Each Disbursement this Period<br>355.00             |
| City Washington State DC Zip Code 20001-1511  | Purpose of Disbursement<br>Event Food and Fees |   |
| Candidate Name  | Category/Type                                  | Transaction ID : D715299<br><b>[MEMO ITEM]</b>                |
| Office Sought: House Senate President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                               |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Johnny's Half Shell</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 17 / 2014 |
| Mailing Address 400 N Capitol St NW   |  | Amount of Each Disbursement this Period<br>100.00             |
| City Washington State DC Zip Code 20001-1511  | Purpose of Disbursement<br>Event Deposit |   |
| Candidate Name  | Category/Type                            | Transaction ID : D715300<br><b>[MEMO ITEM]</b>                |
| Office Sought: House Senate President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:                         |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Johnny's Half Shell</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 17 / 2014 |
| Mailing Address 400 N Capitol St NW   |  | Amount of Each Disbursement this Period<br>355.00             |
| City Washington State DC Zip Code 20001-1511  | Purpose of Disbursement<br>Event Food and Fees |   |
| Candidate Name  | Category/Type                                  | Transaction ID : D715302<br><b>[MEMO ITEM]</b>                |
| Office Sought: House Senate President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 56 OF 59                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Johnny's Half Shell</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 17 / 2014 |
| Mailing Address 400 N Capitol St NW  |                              | Amount of Each Disbursement this Period<br>100.00             |
| City Washington  | State DC Zip Code 20001-1511 |   |
| Purpose of Disbursement<br>Event Deposit   | Candidate Name               | Transaction ID : D715303                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   |                              |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:             | [MEMO ITEM]   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Occasions Caterers</b>  |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 17 / 2014 |
| Mailing Address 655 Taylor St NE   |                              | Amount of Each Disbursement this Period<br>553.56             |
| City Washington  | State DC Zip Code 20017-2063 |   |
| Purpose of Disbursement<br>Event Catering  | Candidate Name               | Transaction ID : D715305                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   |                              |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:             | [MEMO ITEM]   |

|  |                              |   |
|--|------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Parcel Plus</b>   |                              | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 17 / 2014 |
| Mailing Address 1390 Chain Bridge Rd   |                              | Amount of Each Disbursement this Period<br>19.40              |
| City Mc Lean   | State VA Zip Code 22101-3904 |   |
| Purpose of Disbursement<br>Stamps  | Candidate Name               | Transaction ID : D715304                                      |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   |                              |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:             | [MEMO ITEM]   |

|   |      |
|---|------|
| <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:<br>(check only one)          |                                    | PAGE 57 OF 59                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Rasika Restaurant</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 17 / 2014 |
| Mailing Address 633 D St NW   |  | Amount of Each Disbursement this Period<br>973.70             |
| City Washington   | State DC   |   |
| Zip Code 20004-2904   | Purpose of Disbursement<br>Event Food and Fees   | Transaction ID : D715301                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Hon. Michelle Lujan Grisham</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 28 / 2014 |
| Mailing Address 1001 Los Arboles Ave NW   |  | Amount of Each Disbursement this Period<br>917.35             |
| City Albuquerque  | State NM   |   |
| Zip Code 87107-1141   | Purpose of Disbursement<br>Meeting & event expenses, travel, parking, phone: See Below   | Transaction ID : D715082                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. American Airline</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 28 / 2014 |
| Mailing Address PO Box 200025   |  | Amount of Each Disbursement this Period<br>25.00              |
| City El Paso  | State TX   |   |
| Zip Code 88520-0025   | Purpose of Disbursement<br>Baggage Fee   | Transaction ID : D715295                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 917.35 |
| <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:<br>(check only one)          | PAGE 58 OF 59                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Apple Store</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 28 / 2014 |
| Mailing Address 1100 S Hayes St   |  | Amount of Each Disbursement this Period<br>422.89             |
| City<br>Arlington   | State<br>VA  |   |
| Zip Code<br>22202   | Purpose of Disbursement<br>Cell Phone & Accessories  | Transaction ID : D715296                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Flying Star Restaurant</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 28 / 2014 |
| Mailing Address 723 Silver Ave SW   |  | Amount of Each Disbursement this Period<br>10.06              |
| City<br>Albuquerque   | State<br>NM  |   |
| Zip Code<br>87102-3018  | Purpose of Disbursement<br>Event Food  | Transaction ID : D715286                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. National Democratic CLub</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 28 / 2014 |
| Mailing Address 30 Ivy St SE  |  | Amount of Each Disbursement this Period<br>3.13               |
| City<br>Washington  | State<br>DC  |   |
| Zip Code<br>20003-4006  | Purpose of Disbursement<br>Food - Constituent Meeting  | Transaction ID : D715291                                      |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | 92935.28 |

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

|   |                                      |                                    |                                     |   |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 59 OF 59                       |   |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Friends of Michelle**

|   |  |                        |  |  |
|---|--|------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Debbie Armstrong for New Mexico</b>                                      |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 05 / 2014</b> |  |
| Mailing Address 2015 Dietz PI NW  |  |                        | Amount of Each Disbursement this Period<br><b>1000.00</b>            |  |
| City<br>Albuquerque   | State<br>NM  | Zip Code<br>87107-3240 | Transaction ID : <b>D715070</b>                                      |  |
| Purpose of Disbursement<br>Political Campaign Contribution  |  | Category/<br>Type      |  |  |
| Candidate Name  |  |                        |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |  |  |
| State: _____  | District: _____  |                        |  |  |

|   |  |                        |  |  |
|---|--|------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PODER PAC</b>  |  |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>05 / 01 / 2014</b> |  |
| Mailing Address 3520 Maple Ct   |  |                        | Amount of Each Disbursement this Period<br><b>1500.00</b>            |  |
| City<br>Falls Church  | State<br>VA  | Zip Code<br>22041-2016 | Transaction ID : <b>D715048</b>                                      |  |
| Purpose of Disbursement<br>Political Contribution   |  | Category/<br>Type      |  |  |
| Candidate Name  |  |                        |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                        |  |  |
| State: _____  | District: _____  |                        |  |  |

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>2500.00</b> |