

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Friends of Andy Thompson for Congress

ADDRESS (number and street) 191 Penick Drive Dauphin PA 17018

2. FEC IDENTIFICATION NUMBER C 00560151 3. IS THIS REPORT NEW (N) OR AMENDED (A) PA 04

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: X Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 05 26 2014 in the State of PA (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2014 through 04 15 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Charles A. Ottaviano Signature of Treasurer Charles A. Ottaviano Date 04 12 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use Only FEC FORM 3 (Revised 02/2003)

14031214586

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Linda Thompson for Congress

Report Covering the Period:

From: 02 01 2014

To: 09 15 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	107,0	,
(b) Total Contribution Refunds (from Line 20(d))	,	,
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	,	,
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	474,60,	,
(b) Total Offsets to Operating Expenditures (from Line 14)	,	,
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	,	,
8. Cash on Hand at Close of Reporting Period (from Line 27)	595,40,	,
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	,
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	,

For further information contact:

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

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

14031214587

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

FRIENDS OF Linda Thompson for Congress

Report Covering the Period: From: ^{M M ' D D ' Y Y Y Y} 0 2 ' 0 1 ' 2 0 1 4 To: ^{M M ' D D ' Y Y Y Y} 0 4 ' 1 5 ' 2 0 1 4

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I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500	
(ii) Unitemized.....		
(iii) TOTAL of contributions from individuals ▶	500	
(b) Political Party Committees.....	570	
(c) Other Political Committees (such as PACs).....	000	
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1070	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1070	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	474.60				
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES					
19. LOAN REPAYMENTS:					
(a) Of Loans Made or Guaranteed by the Candidate.....					
(b) Of All Other Loans					
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....					
20. REFUNDS OF CONTRIBUTIONS TO:					
(a) Individuals/Persons Other Than Political Committees					
(b) Political Party Committees.....					
(c) Other Political Committees (such as PACs).....					
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....					
21. OTHER DISBURSEMENTS					
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	474.60				

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	570		
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	566		
25. SUBTOTAL (add Line 23 and Line 24).....	1036		
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	474.60		
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	595.40		

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

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

NAME OF COMMITTEE (In Full)
FRIENDS OF LINDA THOMPSON for Congress

A. Full Name (Last, First, Middle Initial)
LOCK Joshua D.

Mailing Address
4250 Crows Mill RD.

City **Harrisburg** State **PA** Zip Code **17112**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date **05, 20, 2014**

Date of Receipt
M M ' D D ' Y Y Y Y
04 ' 03 ' 2014

Amount of Each Receipt this Period
250

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

Mailing Address
216 Vasser Ave

City **Swarthmore** State **PA** Zip Code **19081**

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

Name of Employer **RETIRED** Occupation

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date **05, 20, 2014**

Date of Receipt
M M ' D D ' Y Y Y Y
00 ' 31 ' 2014

Amount of Each Receipt this Period
250

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

Mailing Address **PO Box 505**

City **Harrisburg** State **PA** Zip Code **17108**

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
03 ' 28 ' 2014

Amount of Each Receipt this Period
570

SUBTOTAL of Receipts This Page (optional).....
1070

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

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF LINDA THOMPSON for CONGRESS

Full Name (Last, First, Middle Initial) Linda Thompson		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 427.66
City Harrisburg	State PA	
Zip Code 17106		Category/ Type
Purpose of Disbursement Reimbursement campaign expenses		
Candidate Name Linda Thompson		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 04	

Full Name (Last, First, Middle Initial) Staples		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address 4203 Union Deposit Road		Amount of Each Disbursement this Period 160.94
City Harrisburg	State PA	
Zip Code 17111		Category/ Type
Purpose of Disbursement Office Supplies		
Candidate Name Linda Thompson		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 04	

Full Name (Last, First, Middle Initial) OTTAVIANO Charles A.		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 101 Denzoga Dr		Amount of Each Disbursement this Period 30.00
City DuPon	State PA	
Zip Code 17018		Category/ Type
Purpose of Disbursement Postage fuel Reimbursement		
Candidate Name Linda Thompson		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 04	

SUBTOTAL of Disbursements This Page (optional).....	474.60
TOTAL This Period (last page this line number only).....	

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SCHEDULE C (FEC Form 3)
LOANS

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

PAGE OF
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Friends of Linda Thompson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)
Election:
 Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y . % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

SUBTOTALS This Period This Page (optional) ▶ , , .
TOTALS This Period (last page in this line only) ▶ 0 , , .

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

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SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Friends of Linda Thompson for Congress</i>	FEC IDENTIFICATION NUMBER <i>C 00560 151</i>
--	---

LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan \$ _____	Interest Rate (APR) _____ %
Mailing Address	Date Incurred or Established MM / DD / YYYY	
City State Zip Code	Date Due MM / DD / YYYY	

A. Has loan been restructured? No Yes If yes, date originally incurred MM / DD / YYYY

B. If line of credit, Total Outstanding Balance: \$ _____
 Amount of this Draw: \$ _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?
 \$ _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?
 \$ _____

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____
 Date account established: MM / DD / YYYY Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE MM / DD / YYYY
---	------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE MM / DD / YYYY
--	-------	------------------------

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9

NAME OF COMMITTEE (In Full)

Friends of Linda Thompson for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , *	, , *	, , *

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , *	, , *	, , *

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , *	, , *	, , *

1) SUBTOTALS This Period This Page (optional)	▶	, , *
2) TOTALS This Period (last page this line number only)	▶	, , *
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	, , *
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	0 , , *

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FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>Friends of Linda Thompson for Congress</i>	Report Covering Period: From: <i>02 '01 ' 2014</i>	To: <i>04 '15 ' 2014</i>
---	---	--------------------------

Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A	<i>500</i>	<i>570</i>
B Column Total Last Page Only.....		

A	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						

A	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A				<i>1070</i>	<i>474.60</i>	
B						

A	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						

A	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A				<i>570</i>	<i>595.40</i>	
B						

A	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

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PL

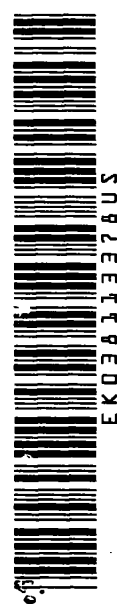
RECIPIENT
The sender has requested
Immediately upon receipt
NAME:
Tel. No.:

To Addressee

U.S. POSTAGE
PAID
HARRISBURG, PA
APR 14, 14
AMOUNT
\$16.95
00015259-11



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UNITED STATES
MAIL
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ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> AM	<input type="checkbox"/> PM
ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Delivery Attempt (MM/DD/YY)	Time
17107	4-15-14	4-14-14	NOON
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Delivery Attempt (MM/DD/YY)	Time
4-14-14	NOON	4-15-14	NOON
Time Accepted	<input type="checkbox"/> Loss Guarantee Only	Delivery Attempt (MM/DD/YY)	Time
15:15	<input checked="" type="checkbox"/> Live Shipment	4-15-14	NOON
Weight	<input type="checkbox"/> Sunday/Holiday Premium	4-15-14	NOON
5 oz.		4-15-14	NOON
Postage	Insurance Fee	4-15-14	NOON
\$16.95	\$	4-15-14	NOON
Postage	Return Receipt Fee	4-15-14	NOON
\$	\$	4-15-14	NOON
Postage	Total Postage & Fees	4-15-14	NOON
\$	\$	4-15-14	NOON
Postage	Acceptance Employee Initials	4-15-14	NOON
\$		4-15-14	NOON

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101 Denison Dr.
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Washington, DC

PHONE ()

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20463

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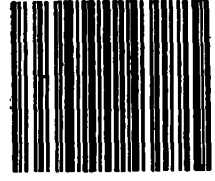
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EP-13C

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JAP
 PREPARER
 (8/2013)

4/15/14
 DATE PREPARED

14031214597