



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Andy Patrick**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	1600.00	99312.20
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1600.00	99312.20
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	17146.73	98027.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17146.73	98027.94
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	0.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	2690.12	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Andy Patrick**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1550.00	89457.20
(ii) Unitemized.....	50.00	8605.00
(iii) TOTAL of contributions from individuals ▶	1600.00	98062.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1600.00	99312.20
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	1600.00	99312.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17146.73	98027.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	17146.73	98027.94

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15546.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1600.00
25. SUBTOTAL (add Line 23 and Line 24).....	17146.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17146.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

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

Mailing Address **53 BRAMS POINT ROAD**

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

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

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

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : SA11.206**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

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

Mailing Address **101 REGENTS GATE COURT**

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

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

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

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11.209**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **1618 WYNDHAM ROAD**

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

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

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

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11.208**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1050.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

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

Mailing Address **127 EAST 46TH STREET**

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

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

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

Receipt For: 2013  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11.207**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**500.00**

**1550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	933.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

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

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	481.29
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

Full Name (Last, First, Middle Initial) <b>A. KRISTIN BEAULIEU</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 02 / 2013</b>
Mailing Address <b>136 PRINCETON ROAD</b>		Amount of Each Disbursement this Period <b>566.20</b>
City <b>NASHUA</b> State <b>NH</b> Zip Code <b>03064</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I78</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. ROBERT J. MAY III</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 09 / 2013</b>
Mailing Address <b>25 HOOPES ROAD</b>		Amount of Each Disbursement this Period <b>316.71</b>
City <b>NEWPORT NEWS</b> State <b>VA</b> Zip Code <b>23602</b>	Purpose of Disbursement <b>TRAVEL EXPENSES AND FOOD</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I73</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. ROBERT J. MAY III</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 02 / 2013</b>
Mailing Address <b>25 HOOPES ROAD</b>		Amount of Each Disbursement this Period <b>1333.33</b>
City <b>NEWPORT NEWS</b> State <b>VA</b> Zip Code <b>23602</b>	Purpose of Disbursement <b>GENERAL CAMPAIGN CONSULTING</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I74</b>
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2216.24</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: (check only one)	PAGE 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

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

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

Full Name (Last, First, Middle Initial) <b>C. CHRISTIE STAUFFER</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013	
Mailing Address 109 S PORT ROYAL DRIVE			Amount of Each Disbursement this Period 181.90	
City HILTON HEAD ISLAND	State SC	Zip Code 29928	Transaction ID : SB17.I75	
Purpose of Disbursement MILEAGE		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1831.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

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

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

Full Name (Last, First, Middle Initial) <b>C. JOHNSTON CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013
Mailing Address 97 STATE STREET		Amount of Each Disbursement this Period 2121.92
City MONTPELIER	State VT Zip Code 05602	
Purpose of Disbursement TRAVEL AND PRINTING EXPENSES	Category/Type	<b>Transaction ID : SB17.I77</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2767.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

Full Name (Last, First, Middle Initial) <b>A. MADISON STRATEGIC VENTURES</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 02 / 2013</b>
Mailing Address <b>8270 GREENSBORO DRIVE, SUITE 810</b>			Amount of Each Disbursement this Period <b>1838.00</b>
City <b>MCLEAN</b>	State <b>VA</b>	Zip Code <b>22102</b>	
Purpose of Disbursement <b>COMMUNICATION CONSULTING</b>		Category/ Type	<b>Transaction ID : SB17.I76</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: <b>00</b>			

Full Name (Last, First, Middle Initial) <b>B. PLANTATION INTERIORS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 17 / 2013</b>
Mailing Address <b>10 TARGET ROAD</b>			Amount of Each Disbursement this Period <b>564.48</b>
City <b>HILTON HEAD ISLAND</b>	State <b>SC</b>	Zip Code <b>29928</b>	
Purpose of Disbursement <b>PRINTING</b>		Category/ Type	<b>Transaction ID : SB17.I95</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: <b>00</b>			

Full Name (Last, First, Middle Initial) <b>C. RIGHT ON STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 02 / 2013</b>
Mailing Address <b>373 S. WILLOW STREET</b>			Amount of Each Disbursement this Period <b>620.00</b>
City <b>MANCHESTER</b>	State <b>NH</b>	Zip Code <b>03103</b>	
Purpose of Disbursement <b>AUTO CALLS</b>		Category/ Type	<b>Transaction ID : SB17.I69</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: <b>00</b>			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3022.48</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: (check only one)	PAGE 13 OF 14
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A. RIGHT ON STRATEGIES**

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

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement TRAVEL EXPENSES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 04 / 02 / 2013

Amount of Each Disbursement this Period: 1091.99

Transaction ID : SB17.I70

**B. RIGHT ON STRATEGIES**

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

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement CAMPAIGN CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 04 / 09 / 2013

Amount of Each Disbursement this Period: 3800.00

Transaction ID : SB17.I71

**C. SUN PRINTING**

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

City WEST COLUMBIA State SC Zip Code 29169

Purpose of Disbursement PRINTING OF YARD SIGNS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 04 / 09 / 2013

Amount of Each Disbursement this Period: 1531.50

Transaction ID : SB17.I72

**SUBTOTAL** of Disbursements This Page (optional) ..... 6423.49

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

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

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. Andy Patrick</b>	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 71 Widewater Road	

City	State	ZIP Code
Hilton Head Island	SC	29926-2047

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 27 / Y 2013	M 08 / D 13 / Y 0702	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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