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10/15/2014 09 : 45

FEC FORM 3

FE5AN018

Image# 14978234618

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Au	uthorized Co	mmittee		0	ffice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		Example: If typing over the lines.	g, type	12FE4M5	
Nancy Najarian for C	ongress					
ADDRESS (number and street)	1857 Massachu	setts Avenue				
Check if different than previously reported. (ACC)	McLean					101
2. FEC IDENTIFICATION	NUMBER ▼	CITY			STATE A	ZIP CODE
C C00558130		3. IS THIS REPORT	NEW (N)	OR	AMENDEI (A)	STATE ▼ DISTRICT VA 08
4. TYPE OF REPORT ((a) Quarterly Reports: April 15 Quarterl		(b) 12-Day PF	RE-Election Repo Primary (12P) Convention (1		General (120	
July 15 Quarterly October 15 Qual	y Report (Q2) rterly Report (Q3)	Election o	on /	D D	/ Y " Y " Y " Y	in the State of
January 31 Year-	-End Report (YE)	(c) 30-Day P (DST -Election Rep	ort for the	e:	
			General (30G))	Runoff (30R)	Special (30S)
X Termination Repo	ort (TER)	Election of	on /	D D	/ Y " Y " Y	in the State of
5. Covering Period	07 / 01 /	Y Y Y Y 2014	through	M 09	M / D D / 30	Y Y Y Y Y 2014
I certify that I have examined Type or Print Name of Treasu		_	knowledge and b	pelief it is	true, correct and c	complete.
	Iichael Stimson		[Electronically F	Filed]	Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, error	oneous, or incomplet	e information ma	ay subject the pers	son signing	this Report to the	penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

Nancy	Najaria	an for C	ongress

09 30 2014 01 2014 Report Covering the Period: From: To: **COLUMN B COLUMN A** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 103251.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 89330.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 13921.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 15000.00 93524.08 (from Line 17) (b) Total Offsets to Operating 0.00 3480.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 15000.00 90044.08 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts PAGE 3 / 10 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Nancy Najarian for Congress

07 01 2014 09 30 2014 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	87130.00
	(ii) Unitemized	0.00	15121.00
	(iii) TOTAL of contributions from individuals	0.00	102251.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	1000.00
	(d) The Candidate	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	103251.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	LOANS: (a) Made or Guaranteed by the		
	Candidate	0.00	204000.00
	(b) All Other Loans(c) TOTAL LOANS	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	204000.00
	OFFSETS TO OPERATING EXPENDITURES		
	(Refunds, Rebates, etc.)	0.00	3480.00
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	310731.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	15000.00	93524.08
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	71626.92	123626.92
	(b) Of All Other Loans	0.00 71626.92	0.00 123626.92
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
	Than Political Committees	0.00	88330.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	1000.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	89330.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	86626.92	306481.00
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	86626.92
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		86626.92
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	86626.92
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		0.00

SCHEDULE B (FEC Form 3)

PAGE 5 10 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b 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) Nancy Najarian for Congress Full Name (Last, First, Middle Initial) Date of Disbursement K&L Gates 2014 Mailing Address 1601 K St NW 19 City State Zip Code Amount of Each Disbursement this Period DC Washington 20006-1682 15000.00 Purpose of Disbursement Legal fees Transaction ID: VNH6H9WPKF9 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House Senate General Primary President Other (specify) State: District: 15000.00 SUBTOTAL of Disbursements This Page (optional)..... 15000.00

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

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 10 (check only one) 17 18 X 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statement or for commercial purposes, other than using the name at		
NAME OF COMMITTEE (In Full) Nancy Najarian for Congress		
Full Name (Last, First, Middle Initial) Nancy Najarian Meilier Address 4957 Messachusette Aug		Date of Disbursement 09 30 2014
Mailing Address 1857 Massachusetts Ave		09 30 2014
City State Mc Lean VA Purpose of Disbursement Loan repayment	Zip Code 22101-4906	Amount of Each Disbursement this Period 62000.00
Candidate Name Nancy Najarian	Category Type	Transaction ID : VNH6H9WMNB6
Office Sought: Yes House Disbursement		
Full Name (Last, First, Middle Initial) Nancy Najarian		Date of Disbursement
Mailing Address 1857 Massachusetts Ave	7:a Oada	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Mc Lean VA	Zip Code 22101-4906	Amount of Each Disbursement this Period
Purpose of Disbursement Loan repayment		9626.92 Transaction ID: VNH6H9WMND2
Candidate Name Nancy Najarian	Category Type	
Office Sought: Yesident Disbursement		
Full Name (Last, First, Middle Initial)		
c. Nancy Najarian		Date of Disbursement
Mailing Address 1857 Massachusetts Ave		09 / D D / Y Y Y Y Y 2014
City State Mc Lean VA	Zip Code 22101-4906	Amount of Each Disbursement this Period
Purpose of Disbursement Loan forgiveness	22101 4300	2000.00
Candidate Name Nancy Najarian	Category Type	
Office Sought: House Disbursement Senate Prim	For: 2014	[MEMO ITEM] *
SUBTOTAL of Disbursements This Page (optional)		71626.92
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sche for each category of Detailed Summary	dule(s) (of the	FOR LINE NUMBER: PAGE 7 OF 10 check only one) 17 18 X 19a 19b
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	tements may not be sold or us	ed by any pe	
NAME OF COMMITTEE (In Full) Nancy Najarian for Congress			
Full Name (Last, First, Middle Initial) A. Nancy Najarian			Date of Disbursement
Mailing Address 1857 Massachusetts Ave			09 30 2014
City Mc Lean	State Zip Code VA 22101-4906		Amount of Each Disbursement this Period
Purpose of Disbursement Loan forgiveness		· · ·	63373.08 Transaction ID: VNH6H9WMX55
Candidate Name Nancy Najarian		Category/ Type	[MEMO ITEM]
Senate President	ement For: 2014 Primary General Other (specify)	7.	*
State: VA District: 08 Full Name (Last, First, Middle Initial) Nancy Najarian Mailing Address Assessed			Date of Disbursement
Mailing Address 1857 Massachusetts Ave	7: 0		09 30 2014
City Mc Lean Purpose of Disbursement	State Zip Code VA 22101-4906		Amount of Each Disbursement this Period
Candidate Name Nancy Najarian		Category/ Type	Transaction ID : VNH6H9WPPK7 [MEMO ITEM]
Office Sought: House Disburs Senate President	ement For: 2014 Primary General Other (specify)	71.	_ *
State: VA District: 08 Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City Sta	te Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement			
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)	······	<u></u>	0.00
			71626.92

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

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

10

DANS			Detailed Summary Page	age (Check Only One)	13a 13b
AME OF COMMITTEE (In Full)			Transac	action ID : VNJ5SCG2270L	
Nancy Najarian for Congr	ess				
LOAN SOURCE Full Name (La	st, First, Middle I	nitial)		Election: 2014	
Nancy Najarian				Primary General	
Mailing Address 1857 Massachusetts Ave				Other (specify)	
City	Stat	e ZIP Cod	de		
Mc Lean	VA	22101-4	1906		
Original Amount of Loan	Cu	mulative Payment To	Date Bala	alance Outstanding at Close of This	Period
77	7000.00		77000.00	0.00	<u></u>
Date Incurred M 03 / D27 / Y 20	14 Y	Date Due	Interest Rat		
List All Endorsers or Guaranto	ors (if any) to Loa	an Source		Yes	No
1. Full Name (Last, First, Midd			Name of Employer		
Mailing Address			Occupation		
City	State ZI	P Code	Amount Guaranteed Outstanding:	99	
2. Full Name (Last, First, Middle	e Initial)		Name of Employer		
Mailing Address			Occupation		
City	State ZI	P Code	Amount Guaranteed Outstanding:	, , , , , , ,	
3. Full Name (Last, First, Middle	e Initial)		Name of Employer		
Mailing Address			Occupation		
City	State ZI	P Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
4. Full Name (Last, First, Middle	e Initial)		Name of Employer		
Mailing Address			Occupation		
City	State ZI	P Code	Amount Guaranteed Outstanding:	9 9	
SUBTOTALS This Period This Pag				0.00	
Carry outstanding balance only to	LINE 3 Schedule	a D for this line If	o Schedule D. carry for	rward to appropriate line of Summ	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

×	13a
	13b

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OF

Detailed Summary Page Transaction ID: VNJ5SCGJD04L NAME OF COMMITTEE (In Full) Nancy Najarian for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Nancy Najarian General Mailing Address Other (specify) \blacktriangledown 1857 Massachusetts Ave City State ZIP Code VA 22101-4906 Mc Lean Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 27000.00 27000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 28 ^M 03^M ž014 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

10

X	13a
	13b

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JAN5		Detailed Summary Page	(Crieck only one)
AME OF COMMITTEE (In Full) Iancy Najarian for Congress		Transact	ion ID : VNJ5SCK5ZX3L
LOAN SOURCE Full Name (Last, First, Middle In	tial) [PERSONAL FUNDS]	Election: 2014
Nancy Najarian			Primary General
Mailing Address 1857 Massachusetts Ave			Other (specify) ▼
City State	ZIP Code	1	
Mc Lean VA	22101-4906	5	
Original Amount of Loan Cum	ulative Payment To Dat	e Balan	ce Outstanding at Close of This Perio
100000.00	2	100000.00	0.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M 03 M / D 31 D / Y 2014 Y	/ D D / Y Y	ne none	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan			
1. Full Name (Last, First, Middle Initial)	Na	me of Employer	
Mailing Address	Oc	cupation	
City State ZIP	Code Gu	nount laranteed ltstanding:	9
2. Full Name (Last, First, Middle Initial)	Na	me of Employer	
Mailing Address	Oc	ccupation	
		nount	
City State ZIP	Code		9
3. Full Name (Last, First, Middle Initial)	Na	me of Employer	
Mailing Address	Oc	ccupation	
City State ZIP	Code Gu	nount	
4. Full Name (Last, First, Middle Initial)		itstanding: ime of Employer	, ,
, , ,			
Mailing Address	Oc	ecupation	
City State ZIP	Code Gu	nount jaranteed jitstanding:	9 9
JBTOTALS This Period This Page (optional)		······ • [0.00
OTALS This Period (last page in this line only)			0.00
arry outstanding balance only to LINE 3, Schedule	D for this line If no	Schedule D. carry form	ard to appropriate line of Summon