

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
Friends of Democracy

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /   
04 / 01 / 2014 through 06 / 30 / 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 David Donnelly

Signature of Treasurer David Donnelly [Electronically Filed] Date  /  /   
07 / 15 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Friends of Democracy**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="424153.75"/>	<input type="text" value="424153.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="177212.28"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="605680.00"/>	<input type="text" value="616605.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="782892.28"/>	<input type="text" value="1040758.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="132533.21"/>	<input type="text" value="390399.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="650359.07"/>	<input type="text" value="650359.07"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Write or Type Committee Name

**Friends of Democracy**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10250.00	16175.00
(ii) Unitemized .....	430.00	430.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10680.00	16605.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10680.00	16605.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	595000.00	600000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	605680.00	616605.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	605680.00	616605.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	24083.53	72642.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	24083.53	72642.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2800.00	6306.94
24. Independent Expenditures (use Schedule E) .....	0.00	49385.30
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	105649.68	262065.12
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	132533.21	390399.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132533.21	390399.68

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10680.00	16605.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10680.00	16605.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	24083.53	72642.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	24083.53	72642.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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 Democracy**

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

Mailing Address 25 Central Park W  
Apt 9Q

City New York State NY Zip Code 10023-7210

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2014  
**Transaction ID : VN8AJCN76J0**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 1181 Hardscrabble Rd

City Chappaqua State NY Zip Code 10514-1912

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2014  
**Transaction ID : VN8AJCVMNB2**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 554 Glen Alto Dr

City Los Altos State CA Zip Code 94024-4137

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

Name of Employer Google Occupation Software Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2014  
**Transaction ID : VN8AJCW6S15**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 Democracy**

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

Mailing Address 888 7th Ave

City New York State NY Zip Code 10106-0001

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

Name of Employer JS Capital Management LLC Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : VN8AJCVS9J1**

Amount of Each Receipt this Period  
 500000.00

non-contribution account

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

Mailing Address 554 Glen Alto Dr

City Los Altos State CA Zip Code 94024-4137

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

Name of Employer Google Occupation Software Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
95000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014  
**Transaction ID : VN8AJCW6RZ9**

Amount of Each Receipt this Period  
 95000.00

non-contribution account

**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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	595000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	595000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Suntrust Bank**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
Bank fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2014

Transaction ID : VN7BA9RWX46

Amount of Each Disbursement this Period

46.90

Full Name (Last, First, Middle Initial)

**B. Salsa Labs Inc**

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267-4533

Purpose of Disbursement  
Advocacy Software

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2014

Transaction ID : VN7BA9RV9X3

Amount of Each Disbursement this Period

1575.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Consulting

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2014

Transaction ID : VN7BA9RYKX9

Amount of Each Disbursement this Period

700.00

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

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

2321.90



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Suntrust Bank**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
Bank fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	4

**Transaction ID : VN7BA9S8XM7**

Amount of Each Disbursement this Period

5	.	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	4

**Transaction ID : VN7BA9S3R66**

Amount of Each Disbursement this Period

1	5	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
In-Kind: See Sch B Line 23 Transaction VN7BA9T3687

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	4

**Transaction ID : VN7BA9T36A2**

Amount of Each Disbursement this Period

1	2	0	0
---	---	---	---

**[MEMO ITEM]**

\* Communication consulting - Amerish Bera [CA 07]

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

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

1	5	0	0
---	---	---	---

1	5	0	0
---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
In-Kind: See Sch B Line 23 Transaction VN7BA9T36B0

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2014

Transaction ID : VN7BA9T36C8

Amount of Each Disbursement this Period

750.00

[MEMO ITEM]

\* Communication consulting - Sean P Maloney [NY 18]

Full Name (Last, First, Middle Initial)

**B. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
In-Kind: See Sch B Line 23 Transaction VN7BA9T36M1

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2014

Transaction ID : VN7BA9T36S1

Amount of Each Disbursement this Period

550.00

[MEMO ITEM]

\* Communication consulting - Kathleen Rice [NY 04]

Full Name (Last, First, Middle Initial)

**C. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2014

Transaction ID : VN7BA9S5PV3

Amount of Each Disbursement this Period

348.19

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

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

348.19

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Printing and Postage

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9S6H17**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Suntrust Bank**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
Bank fee

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9S8XK9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Judy Maslen**

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement  
Accounting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9S88J7**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2014

**Transaction ID : VN7BA9SC7T0**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**B. Suntrust Bank**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2014

**Transaction ID : VN7BA9SXAA4**

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

**C. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
travel expense reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : VN7BA9SGFM1**

Amount of Each Disbursement this Period

1023.41

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

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

1728.41

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : VN7BA9SGFH7

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Suntrust Bank**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
Bank fee

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

Transaction ID : VN7BA9SXAE6

Amount of Each Disbursement this Period

2	7	.	9	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. NGP Van**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Data Management

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VN7BA9SJT10

Amount of Each Disbursement this Period

1	0	0	5	.	0	0
---	---	---	---	---	---	---

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

5	0	3	2	.	9	5
---	---	---	---	---	---	---

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

5	0	3	2	.	9	5
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consulting

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : VN7BA9SMWQ5**

Amount of Each Disbursement this Period

5700.00

Full Name (Last, First, Middle Initial)

**B. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
in-kind:See Sch B Line 23 Transaction VNTBA9TH35H5

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : VN7BA9T35Y8**

Amount of Each Disbursement this Period

200.00

**[MEMO ITEM]**

\* Communications Consulting-Friends of Dan Maffei [24th NY]

Full Name (Last, First, Middle Initial)

**C. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
In-Kind: See Sch B Line 23 Transaction VN7BA9T35D5

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : VN7BA9T3629**

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**

\* Communications Consulting-Ann McLane Kuster [NH 02]

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

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

5700.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Reimbursement - Postage, Printing, Food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9SN2P0**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Judy Maslen**

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement  
Accounting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9SP151**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consultant Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9SQS2**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Consulting

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9SQPR2**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Suntrust Bank**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
Bank fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9SXAB2**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consultant Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9SV1E1**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consultant Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA9SV1F9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Judy Maslen**

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement  
Accounting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA9SVBR0**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Insurance

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA9SV2G8**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consulting

001

Candidate Name

**Amerish Bera**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2014

**Transaction ID : VN7BA9T3687**

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consulting

001

Candidate Name

**Sean Patrick Maloney**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2014

**Transaction ID : VN7BA9T36B0**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consulting

001

Candidate Name

**Kathleen Rice**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2014

**Transaction ID : VN7BA9T36M1**

Amount of Each Disbursement this Period

550.00

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consulting

001

Candidate Name

**Ann McLane Kuster**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : VN7BA9T35D5**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consulting

001

Candidate Name

**Daniel Benjamin Maffei**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : VN7BA9T35H5**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

300.00

2800.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Salsa Labs Inc**

Mailing Address PO Box 674533

City State Zip Code  
Detroit MI 48267-4533

Purpose of Disbursement  
Advocacy Software

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA9RV9W5**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. The Other 98% Action**

Mailing Address 13324 SW 220th St

City State Zip Code  
Vashon WA 98070-6306

Purpose of Disbursement  
Internet Consulting

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA9RWP68**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City State Zip Code  
Washington DC 20003-4871

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA9RZ0A7**

Amount of Each Disbursement this Period

non-contribution account

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. United States Treasury**

Mailing Address IRS Service Center

City Andover State MA Zip Code 01055

Purpose of Disbursement  
Payroll taxes-employer share

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2014

Transaction ID : VN7BA9RZ0B5

Amount of Each Disbursement this Period

249.01

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Genova, Burns, Giantomasi, & Webster, LLC**

Mailing Address 115 Broadway  
FI 15

City New York State NY Zip Code 10006-1604

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2014

Transaction ID : VN7BA9RYQZ2

Amount of Each Disbursement this Period

1206.00

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Joel Salvino**

Mailing Address 568 Church St

City Bound Brook State NJ Zip Code 08805-1727

Purpose of Disbursement  
Research

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2014

Transaction ID : VN7BA9S0RH1

Amount of Each Disbursement this Period

96.75

non-contribution account

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

1551.76

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Suntrust Bank**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
Bank fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : VN7BA9S8XN4**

Amount of Each Disbursement this Period

55.00

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 24 / 2014

**Transaction ID : VN7BA9S3R58**

Amount of Each Disbursement this Period

4000.00

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Beth Grupp Associates**

Mailing Address PO Box 60185

City Washington State DC Zip Code 20039-0185

Purpose of Disbursement  
Fundraising Consulting

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 28 / 2014

**Transaction ID : VN7BA9S4NQ2**

Amount of Each Disbursement this Period

7500.00

non-contribution account

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

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

11555.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9S8XA8**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. United States Treasury**

Mailing Address IRS Service Center

City Andover State MA Zip Code 01055

Purpose of Disbursement  
Payroll taxes-employer share

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9S8XB5**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9S5PW1**

Amount of Each Disbursement this Period

non-contribution account

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Printing and Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9S6GZ1**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Judy Maslen**

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement  
Accounting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9S88H9**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. The Other 98% Action**

Mailing Address 13324 SW 220th St

City Vashon State WA Zip Code 98070-6306

Purpose of Disbursement  
Internet Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9S88G1**

Amount of Each Disbursement this Period

non-contribution account

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9SX8X0**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. United States Treasury**

Mailing Address IRS Service Center

City Andover State MA Zip Code 01055

Purpose of Disbursement  
Payroll taxes-employer share

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9SX920**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Beth Grupp Associates**

Mailing Address PO Box 60185

City Washington State DC Zip Code 20039-0185

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9SCP74**

Amount of Each Disbursement this Period

non-contribution account

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Suntrust Bank**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
Bank fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2014

Transaction ID : VN7BA9SXAC0

Amount of Each Disbursement this Period

55.00

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Salary

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2014

Transaction ID : VN7BA9SX8Y8

Amount of Each Disbursement this Period

3255.00

non-contribution account

Full Name (Last, First, Middle Initial)

**C. United States Treasury**

Mailing Address IRS Service Center

City Andover State MA Zip Code 01055

Purpose of Disbursement  
Payroll taxes-employer share

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2014

Transaction ID : VN7BA9SX946

Amount of Each Disbursement this Period

249.01

non-contribution account

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

3559.01

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consulting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

**Transaction ID : VN7BA9SGFJ5**

Amount of Each Disbursement this Period

4000.00

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Beth Grupp Associates**

Mailing Address PO Box 60185

City Washington State DC Zip Code 20039-0185

Purpose of Disbursement  
Fundraising Consulting

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2014

**Transaction ID : VN7BA9SJT02**

Amount of Each Disbursement this Period

10000.00

non-contribution account

Full Name (Last, First, Middle Initial)

**C. NGP Van**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
data management system

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2014

**Transaction ID : VN7BA9SJT28**

Amount of Each Disbursement this Period

855.00

non-contribution account

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

14855.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consultant Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA9SM2K7**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA9SX8Z6**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. United States Treasury**

Mailing Address IRS Service Center

City Andover State MA Zip Code 01055

Purpose of Disbursement  
Payroll taxes-employer share

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA9SX954**

Amount of Each Disbursement this Period

non-contribution account

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Libertas, LLC**

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement  
Communications Consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9SMWR3**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Reimbursement - Postage, Printing, Food

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9SN2Q7**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. The Other 98% Action**

Mailing Address 13324 SW 220th St

City Vashon State WA Zip Code 98070-6306

Purpose of Disbursement  
Internet Consulting

**004**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9SNZ08**

Amount of Each Disbursement this Period

non-contribution account

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Judy Maslen**

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement  
Accounting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2014

**Transaction ID : VN7BA9SP127**

Amount of Each Disbursement this Period

191.74

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Jamie Gutkowski**

Mailing Address 5326 Westport Rd  
Apt 108

City Madison State WI Zip Code 53704-7620

Purpose of Disbursement  
Graphic Design

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : VN7BA9SRD10**

Amount of Each Disbursement this Period

570.00

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Suntrust Bank**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
Bank fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

**Transaction ID : VN7BA9SXAD8**

Amount of Each Disbursement this Period

55.00

non-contribution account

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

816.74

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9SX904**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. United States Treasury**

Mailing Address IRS Service Center

City Andover State MA Zip Code 01055

Purpose of Disbursement  
Payroll taxes-employer share

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9SX962**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9SV2J4**

Amount of Each Disbursement this Period

non-contribution account

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Democracy**

Full Name (Last, First, Middle Initial)

**A. Beth Grupp Associates**

Mailing Address PO Box 60185

City Washington State DC Zip Code 20039-0185

Purpose of Disbursement  
Fundraising Consulting

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : VN7BA9SVWM5

Amount of Each Disbursement this Period

10000.00

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Judy Maslen**

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement  
Accounting

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : VN7BA9SVBQ2

Amount of Each Disbursement this Period

211.75

non-contribution account

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

10211.75

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

105585.68