

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2014 OCT 14 AM 10:11

Office Use Only MAIL CENTER

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

12FE4M5

National Court Reporters Association

ADDRESS (number and street)

8224 Old Courthouse Road

Check if different than previously reported. (ACC)

Vienna

VA

22182

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00146506

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

Table with columns for report types: (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S)

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period

07 01 2014

through

09 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 James Cudahy

Signature of Treasurer

Handwritten signature of James Cudahy

Date

10 08 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**National Court Reporters Association**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2014

To:

MM / DD / YYYY  
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		68446.62
(b) Cash on Hand at Beginning of Reporting Period	63262.45	
(c) Total Receipts (from Line 19)	1561.00	3141.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64823.45	71587.62
7. Total Disbursements (from Line 31)	4512.21	11276.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60311.24	60311.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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)

Page 3

Write or Type Committee Name

**National Court Reporters Association**

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2014

To:

MM / DD / YYYY  
09 / 30 / 2014

**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).....

0.00

250.00

(ii) Unitemized.....

1561.00

2891.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1561.00

3141.00

(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).....▶

1561.00

3141.00

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.).....

0.00

0.00

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)).....▶

1561.00

3141.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1561.00

3141.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. Disbursements</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share .....	0.00	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00	0.00
(b) Other Federal Operating Expenditures .....	212.21	426.38	426.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	212.21	426.38	426.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4300.00	10850.00	10850.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00	0.00
27. Loans Made.....	0.00	0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	0.00
(b) Political Party Committees .....	0.00	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00	0.00
29. Other Disbursements .....	0.00	0.00	0.00
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	0.00
(ii) "Levin" Share.....	0.00	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4512.21	11276.38	11276.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4512.21	11276.38	11276.38

**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) .....	1561.00	3141.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1561.00	3141.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	212.21	426.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	212.21	426.38

1-800-4-A-NON-PRO-NON-1

**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)						PAGE 6 OF 12				
	<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

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)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>A. Visa/Mastercard= Suntrust Bank</b>		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>08</td> <td>11</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	08	11	2014
MM	DD	YYYY							
08	11	2014							
Mailing Address PO Box 791250		<b>Transaction ID : SB21B.10454</b>							
City	State	Zip Code	<b>Amount of Each Disbursement this Period</b>						
Baltimore	MD	21279-1250							
Purpose of Disbursement Merchant Fee		Category/ Type	<table border="1"> <tr> <td>125.90</td> </tr> </table>	125.90					
125.90									
Candidate Name		001							
Office Sought:	Disbursement For:								
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General								
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼								
<input type="checkbox"/> President									
State:	District:								

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>B. Visa/Mastercard= Suntrust Bank</b>		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>09</td> <td>10</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	09	10	2014
MM	DD	YYYY							
09	10	2014							
Mailing Address PO Box 791250		<b>Transaction ID : SB21B.10457</b>							
City	State	Zip Code	<b>Amount of Each Disbursement this Period</b>						
Baltimore	MD	21279-1250							
Purpose of Disbursement Merchant Fee		Category/ Type	<table border="1"> <tr> <td>5.72</td> </tr> </table>	5.72					
5.72									
Candidate Name		001							
Office Sought:	Disbursement For:								
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General								
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼								
<input type="checkbox"/> President									
State:	District:								

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>C. Visa/Mastercard= Suntrust Bank</b>		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>09</td> <td>10</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	09	10	2014
MM	DD	YYYY							
09	10	2014							
Mailing Address PO Box 791250		<b>Transaction ID : SB21B.10458</b>							
City	State	Zip Code	<b>Amount of Each Disbursement this Period</b>						
Baltimore	MD	21279-1250							
Purpose of Disbursement Mercant Fee		Category/ Type	<table border="1"> <tr> <td>31.52</td> </tr> </table>	31.52					
31.52									
Candidate Name		001							
Office Sought:	Disbursement For:								
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General								
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼								
<input type="checkbox"/> President									
State:	District:								

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<table border="1"> <tr> <td>163.14</td> </tr> </table>	163.14
163.14		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

2014-10-10 10:00:00 AM

**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)						PAGE 7 OF 12				
	<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

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NAME OF COMMITTEE (In Full)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial) <b>A. Visa/Mastercard= Suntrust Bank</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2014	
Mailing Address PO Box 791250		Transaction ID : SB21B.10459	
City Baltimore	State MD	Zip Code 21279-1250	Amount of Each Disbursement this Period 18.36
Purpose of Disbursement Merchant Fee		Category/ Type 001	
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: _____		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		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: _____		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18.36
<b>TOTAL</b> This Period (last page this line number only).....▶	181.50

FROM PRO: NCSN

**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)

PAGE 8 OF 12

<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

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NAME OF COMMITTEE (In Full)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial)

**A. Bilirakis For Congress**

Date of Disbursement

Mailing Address PO BOX 606

MM	DD	YYYY
07	16	2014

City State Zip Code  
TARPON SPRINGS FL 34688

Transaction ID : SB23.10429

Purpose of Disbursement  
Campaign Contribution

011
-----

Amount of Each Disbursement this Period

Candidate Name  
**Gus Bilirakis**

Category/  
Type

500.00
--------

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

State: FL District: 12

Full Name (Last, First, Middle Initial)

**B. Comstock For Congress**

Date of Disbursement

Mailing Address PO BOX 831

MM	DD	YYYY
09	08	2014

City State Zip Code  
McLean VA 22102

Transaction ID : SB23.10441

Purpose of Disbursement  
Campaign Contribution

011
-----

Amount of Each Disbursement this Period

Candidate Name  
**Barbara Comstock**

Category/  
Type

250.00
--------

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

State: VA District: 10

Full Name (Last, First, Middle Initial)

**C. Costello for Congress**

Date of Disbursement

Mailing Address PO BOX 3154

MM	DD	YYYY
09	08	2014

City State Zip Code  
West Chester PA 19381

Transaction ID : SB23.10437

Purpose of Disbursement  
Campaign Contribution

--

Amount of Each Disbursement this Period

Candidate Name  
**Ryan Costello**

Category/  
Type

50.00
-------

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

State: PA District: 06

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

800.00
--------

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

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**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)	PAGE 10 OF 12				
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial)  
**A. PATRIOTS FOR PERRY**

Mailing Address **PO BOX 147**

City **RED LION** State **PA** Zip Code **17356**

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Scott Perry**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: **PA** District: **04**

Date of Disbursement  
MM / DD / YYYY  
**07 / 23 / 2014**

Transaction ID : **SB23.10433**

Amount of Each Disbursement this Period  
**250.00**

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

Mailing Address **PO BOX 344**

City **TAYLORVILLE,** State **IL** Zip Code **62568**

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**RODNEY DAVIS**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: **IL** District: **13**

Date of Disbursement  
MM / DD / YYYY  
**09 / 10 / 2014**

Transaction ID : **SB23.10445**

Amount of Each Disbursement this Period  
**500.00**

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

Mailing Address **228 S WASHINGTON STREET SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**MARCO RUBIO**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: **FL** District: **00**

Date of Disbursement  
MM / DD / YYYY  
**09 / 17 / 2014**

Transaction ID : **SB23.10448**

Amount of Each Disbursement this Period  
**250.00**

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **1000.00**

**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)						PAGE 11 OF 12				
	<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

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NAME OF COMMITTEE (In Full)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial) <b>A. SCHIFF FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 15 S. Raymond Avenue Suite 404		Transaction ID : SB23.10436	
City Pasadena	State CA	Zip Code 91105	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		Category/Type 011	
Candidate Name <b>SCHIFF, ADAM</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. TEXANS FOR LAMAR SMITH</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2014	
Mailing Address PO Box 6155		Transaction ID : SB23.10444	
City San Antonio	State TX	Zip Code 78209	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		Category/Type 011	
Candidate Name <b>LAMAR SMITH</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 21			

Full Name (Last, First, Middle Initial) <b>C. VIRGINIA FOXX FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014	
Mailing Address P.O. Box 1100		Transaction ID : SB23.10446	
City Clemmons	State NC	Zip Code 27012	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		Category/Type 011	
Candidate Name <b>VIRGINIA FOXX</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 05			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

FROM AND TO

**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)						PAGE 12 OF 12
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**National Court Reporters Association**

Full Name (Last, First, Middle Initial) <b>A. YODER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2014
Mailing Address PO BOX 26742		Transaction ID : <b>SB23.10450</b>
City OVERLAND PARK State KS Zip Code 66225	Purpose of Disbursement Campaign Contribution	
Candidate Name <b>KEVIN YODER</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
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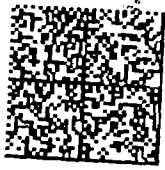
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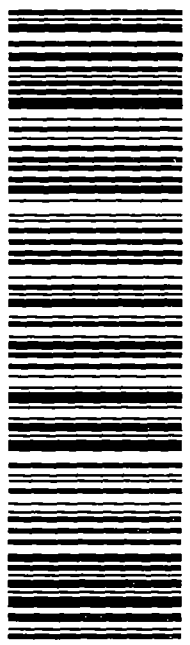
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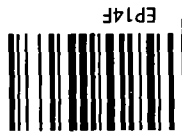


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