FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORD
14 OCT 16 PM
Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

FRIENDS OF SHAK HILL

ADDRESS (number and street) ▼ PO BOX 486

Check if different than previously reported. (ACC)

CITY ▲ CENTREVILLE — STATE ▲ VA — ZIP CODE ▲ 20122 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00546705

3. IS THIS REPORT ☒ NEW (N) **OR** AMENDED (A)

STATE ▼ VA — DISTRICT 00

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)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) — General (12G) — Runoff (12R)

Convention (12C) — Special (12S)

Election on M M — in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G) — Runoff (30R) — Special (30S)

Election on M / D D / Y Y — in the State of

5. Covering Period M M 07 / D D 01 / Y Y 2014 through M M 09 / D D 30 / Y Y 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 Robin Hill

Signature of Treasurer *Robin Hill* Robin Hill — Date M M 10 / D D 15 / Y Y 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							

14020960556

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF SHAK HILL

Report Covering the Period: From: M M 07 D D 01 Y Y 2014 To: M M 09 / D D 30 / Y Y 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))...	315.02	82910.98
(b) Total Contribution Refunds (from Line 20(d))...	0.00	25.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	315.02	82885.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)...	11964.67	165338.93
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	380.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	11964.67	164958.45
8. Cash on Hand at Close of Reporting Period (from Line 27)...	15272.53	
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)...	119727.60	

For further information contact:

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

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

14020960657

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF SHAK HILL

Report Covering the Period: From: MM 07 / DD 01 / YYYY 2014 To: MM 09 / DD 30 / YYYY 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	0.00	45921.00
(ii) Unitemized.....	315.02	33989.98
(iii) TOTAL of contributions from individuals . ▶	315.02	79910.98
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	3000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))...	315.02	82910.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES...	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	105100.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	105100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)...	0.00	380.48
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	315.02	188391.46

14020960658

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	11964.67	165338.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES...	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	200.00	200.00
(b) Of All Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	200.00	200.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...	0.00	25.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	25.00
21. OTHER DISBURSEMENTS...	335.00	7555.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	12499.67	173118.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	27457.18
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	315.02
25. SUBTOTAL (add Line 23 and Line 24)...	27772.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	12499.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	15272.53

14020960659

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial): BJ's Wholesale
Mailing Address: 5100 Wellington Rd
City: Gainesville State: VA Zip Code: 20155
Purpose of Disbursement: Food & Beverages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 13 / 2014
Amount of Each Disbursement this Period: 134.42
Transaction ID : SB17.6395

B. Full Name (Last, First, Middle Initial): Clarion Inn and Suites
Mailing Address: 1809 W. Mercury Blvd
City: Hampton State: VA Zip Code: 23666
Purpose of Disbursement: Lodging
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 08 / 2014
Amount of Each Disbursement this Period: 75.09
Transaction ID : SB17.6393

C. Full Name (Last, First, Middle Initial): Delta Airlines
Mailing Address: PO Box 20706
City: Atlanta State: GA Zip Code: 30320
Purpose of Disbursement: Travel
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 18 / 2014
Amount of Each Disbursement this Period: 313.20
Transaction ID : SB17.6400

SUBTOTAL of Disbursements This Page (optional) 522.71

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

14020960560

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial): EWTN
Mailing Address: 5817 Old Leeds Rd
City: Irondale State: AL Zip Code: 35210
Purpose of Disbursement: Conference Registration
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 18 / 2014
Amount of Each Disbursement this Period: 295.00
Transaction ID : SB17.6401

B. Full Name (Last, First, Middle Initial): FIA Card Services, N.A.
Mailing Address: 1100 N King St
City: Wilmington State: DE Zip Code: 19884
Purpose of Disbursement: Bank Charge
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 15 / 2014
Amount of Each Disbursement this Period: 25.00
Transaction ID : SB17.6386

C. Full Name (Last, First, Middle Initial): GoDaddy.com
Mailing Address: 14455 N Hayden Rd Ste 219
City: Scottsdale State: AZ Zip Code: 85260
Purpose of Disbursement: Website Expense
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 10 / 2014
Amount of Each Disbursement this Period: 419.40
Transaction ID : SB17.6394

SUBTOTAL of Disbursements This Page (optional) 739.40

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

14020960661

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial): Jake Hill
Mailing Address: 6501 Flowerdew Hundred Ct
City: Centreville State: VA Zip Code: 20120
Purpose of Disbursement: Campaign Driver
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM 07 / DD 15 / YYYY 2014
Amount of Each Disbursement this Period: 2000.00
Transaction ID : SB17.6378

B. Full Name (Last, First, Middle Initial): Sararose Hill
Mailing Address: 6501 Flowerdew Hundred Ct
City: Centreville State: VA Zip Code: 20120
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM 07 / DD 01 / YY 2014
Amount of Each Disbursement this Period: 4000.00
Transaction ID : SB17.6375

C. Full Name (Last, First, Middle Initial): SHAK HILL
Mailing Address: PO BOX 486
City: CENTREVILLE State: VA Zip Code: 20122
Purpose of Disbursement: Mileage Reimbursement
Candidate Name:
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VA District: 00
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM 07 / DD 31 / YY 2014
Amount of Each Disbursement this Period: 1309.83
Transaction ID : SB17.6411

SUBTOTAL of Disbursements This Page (optional) 7309.83

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

14020960662

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A.
Full Name (Last, First, Middle Initial): SHAK HILL
Mailing Address: PO BOX 486
City: CENTREVILLE State: VA Zip Code: 20122
Purpose of Disbursement: Mileage Reimbursement
Candidate Name:
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VA District: 00
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM 08 DD 30 YYYY 2014
Amount of Each Disbursement this Period: 1289.42
Transaction ID : SB17.6412

B.
Full Name (Last, First, Middle Initial): SHAK HILL
Mailing Address: PO BOX 486
City: CENTREVILLE State: VA Zip Code: 20122
Purpose of Disbursement: Mileage Reimbursement
Candidate Name:
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: VA District: 00
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM 09 DD 30 YYYY 2014
Amount of Each Disbursement this Period: 1524.16
Transaction ID : SB17.6413

C.
Full Name (Last, First, Middle Initial): Mail Chimp
Mailing Address: 512 Means St, Suite 404
City: Atlanta State: GA Zip Code: 30318
Purpose of Disbursement: E-mail Service
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: MM 09 DD 30 YYYY 2014
Amount of Each Disbursement this Period: 75.00
Transaction ID : SB17.6406

SUBTOTAL of Disbursements This Page (optional) 2888.58

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

14020960562

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A.
Full Name (Last, First, Middle Initial): VistaPrint
Mailing Address: 95 Hayden Ave
City: Lexington State: MA Zip Code: 02421
Purpose of Disbursement: Printing
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 20 / 2014
Amount of Each Disbursement this Period: $ 34.50
Transaction ID : SB17.6403

B.
Full Name (Last, First, Middle Initial): VistaPrint
Mailing Address: 95 Hayden Ave
City: Lexington State: MA Zip Code: 02421
Purpose of Disbursement: Printing
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 20 / 2014
Amount of Each Disbursement this Period: $ 76.07
Transaction ID : SB17.6404

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M D D
Amount of Each Disbursement this Period: $

SUBTOTAL of Disbursements This Page (optional) ..... $ 110.57

TOTAL This Period (last page this line number only) ..... $ 11571.09

14020960564

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A.
Full Name (Last, First, Middle Initial): SHAK HILL
Mailing Address: PO BOX 486
City: CENTREVILLE State: VA Zip Code: 20122
Purpose of Disbursement: Loan Repayment
Candidate Name:
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: VA District: 00
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 22 / 2014
Amount of Each Disbursement this Period: 200.00
Transaction ID : SB19A.6380

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D /
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D /
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 200.00

TOTAL This Period (last page this line number only) 200.00

14020960665

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A.
Full Name (Last, First, Middle Initial): Divine Mercy Care
Mailing Address: 11096-A Lee Hwy
City: Fairfax State: VA Zip Code: 22030
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 15 / 2014
Amount of Each Disbursement this Period: 175.00
Transaction ID : SB21.6384

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 175.00

TOTAL This Period (last page this line number only) 175.00

14020960666

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : SC/10.4638

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
SHAK HILL

Election: 2014
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
PO BOX 486

City	State	ZIP Code
CENTREVILLE	VA	20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	200.00	4800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 07 / D D 09 / Y Y Y Y 2013	M M / D D / Y Y Y Y 12/31/2014	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 4800.00

TOTALS This Period (last page in this line only)..... ▶

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

14020960667

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : SC/10.4102

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
SHAK HILL

Election: 2014
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
PO BOX 486

City	State	ZIP Code
CENTREVILLE	VA	20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
37520.00	0.00	37520.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 11 / 2013	12/31/2014	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)... ▶ 37520.00

TOTALS This Period (last page in this line only)... ▶

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

14020960568

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : SC/10.4103

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
SHAK HILL

Election: 2014
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
PO BOX 486

City	State	ZIP Code
CENTREVILLE	VA	20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22915.00	0.00	22915.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 M / D 18 D / Y 2013 Y	M M / D D / Y 12/31/2014 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)... ▶ 22915.00

TOTALS This Period (last page in this line only)... ▶

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

14020960669

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : SC/10.4104

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
SHAK HILL

Election: 2014
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
PO BOX 486

City	State	ZIP Code
CENTREVILLE	VA	20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22530.00	0.00	22530.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 M D 24 D Y 2013 Y	M M D D Y 12/31/2014 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional)... ▶ 22530.00

TOTALS This Period (last page in this line only)... ▶

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

14020960670

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : SC/10.4105

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
SHAK HILL

Election: 2014
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
PO BOX 486

City	State	ZIP Code
CENTREVILLE	VA	20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17135.00	0.00	17135.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 M D 30 D / Y 2013 Y	M M / D D Y 12/31/14 Y	0.00 % (apr)	[ ] Yes [X] No

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

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

SUBTOTALS This Period This Page (optional)... ▶ 17135.00

TOTALS This Period (last page in this line only)... ▶ 104900.00

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

14020960671

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robin Hill

Mailing Address 6501 Flowerdew Hundred Court

City Centreville State VA Zip Code 20120

Nature of Debt (Purpose): Non-Travel Advance

Transaction ID : SD10.4338

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
300.00	0.00	0.00	300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SHAK HILL

Mailing Address PO BOX 486

City CENTREVILLE State VA Zip Code 20122

Nature of Debt (Purpose): Accrued Mileage to be reimbursed

Transaction ID : SD10.6241

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3628.30	0.00	0.00	3628.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SHAK HILL

Mailing Address PO BOX 486

City CENTREVILLE State VA Zip Code 20122

Nature of Debt (Purpose): Accrued Mileage to be reimbursed

Transaction ID : SD10.6242

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3633.10	0.00	0.00	3633.10

1) **SUBTOTALS** This Period This Page (optional) ... ▶	7561.40
2) **TOTALS** This Period (last page this line number only) ... ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ... ▶	
4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

14020960672

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SHAK HILL

Mailing Address PO BOX 486

City CENTREVILLE State VA Zip Code 20122

Nature of Debt (Purpose):
Accrued Mileage to be reimbursed

Transaction ID : SD10.6243

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3643.90	0.00	0.00	3643.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SHAK HILL

Mailing Address PO BOX 486

City CENTREVILLE State VA Zip Code 20122

Nature of Debt (Purpose):
Accrued Mileage to be reimbursed

Transaction ID : SD10.6244

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3622.30	0.00	0.00	3622.30

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

1) **SUBTOTALS** This Period This Page (optional) ... ▶	7266.20
2) **TOTALS** This Period (last page this line number only) ... ▶	14827.60
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)... ▶	104900.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	119727.60

14020960673

Friends of Shak Hill
PO Box 486
Centreville, VA 20122

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7013 2250 0000 7631 2564

UNITED STATES POSTAL SERVICE

1000

20013

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CENTREVILLE, VA
20120
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00108409-03

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Washington, DC 20013-7578

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED 10/15/14
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

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Date of Receipt

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PREPARER MN DATE PREPARED 10/16/14

14020969675

SEN PATCH

1402096065 76

SEN PATCH