

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
MCAFFREY FOR CONGRESS

ADDRESS (number and street) PO BOX 60668
 Check if different than previously reported. (ACC) OKLAHOMA CITY OK 74136

2. **FEC IDENTIFICATION NUMBER** C C00557249 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
OK 05

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 / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 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 John David Stinson
Signature of Treasurer John David Stinson [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 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

Write or Type Committee Name

MCAFFREY FOR CONGRESS

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

| | 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)).... | 50429.95 | 50429.95 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 50429.95 | 50429.95 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 25028.86 | 25028.86 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 25028.86 | 25028.86 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 25501.09 | |
| 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)..... | 100.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MCAFFREY FOR CONGRESS

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 35950.00 | 35950.00 |
| (ii) Unitemized..... | 14479.95 | 14479.95 |
| (iii) TOTAL of contributions from individuals ▶ | 50429.95 | 50429.95 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 50429.95 | 50429.95 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 100.00 | 100.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 100.00 | 100.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 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)..... ▶ | 50529.95 | 50529.95 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 25028.86 | 25028.86 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 25028.86 | 25028.86 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 50529.95 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 50529.95 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 25028.86 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 25501.09 |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Abernathy

Mailing Address **PO Box 18441**

City **Oklahoma City** State **OK** Zip Code **73154**

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

Name of Employer **Chieftail Royalty Company** Occupation **Oil & Gas**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.4587

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Clifford Agee

Mailing Address **1550 Buckstitch Rd**

City **Sulphur** State **OK** Zip Code **73086**

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

Name of Employer **Chickasaw Nation** Occupation **Undersecretary**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Paul Barby

Mailing Address **PO Box 36930**

City **Tucson** State **AZ** Zip Code **85740**

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

Name of Employer **Self** Occupation **Investor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period
1000.00

Contribution

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

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

2500.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Paige Bass

Mailing Address 816 NW 40th

City Oklahoma City State OK Zip Code 73118

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

Name of Employer Sonic Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4857

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
Ann Bohanon

Mailing Address 814 NW 16th St

City Oklaohma City State OK Zip Code 73106

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
Ann Bohanon

Mailing Address 814 NW 16th St

City Oklaohma City State OK Zip Code 73106

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4776

Amount of Each Receipt this Period
 Contribution 100.00

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

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

600.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Laura Boyd

Mailing Address 2801 Castlewood Dr

City Norman State OK Zip Code 73072

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

Name of Employer Self Occupation Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
Brian Brown

Mailing Address 4200 NW 21st Terr

City Oklahoma City State OR Zip Code 73107

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

Name of Employer AutoTrader.com Occupation Advertising

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period
 Contribution 500.00

C. Full Name (Last, First, Middle Initial)
Roy Brown

Mailing Address 4100 Harvey Pkwy

City Oklahoma City State OK Zip Code 73118

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

Name of Employer Aline Brown, MD Occupation Office Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4520

Amount of Each Receipt this Period
 Contribution 250.00

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

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

1000.00

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

| | | | | | |
|---|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 33 | | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| | 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ryan Canady

Mailing Address 3112 W Rock Creek Trail
Apt 604

City Norman State OK Zip Code 73072

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

Name of Employer Findlaw Occupation Superlawyer Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4656

Amount of Each Receipt this Period
Contribution 250.00

B. Full Name (Last, First, Middle Initial)
Marquette Clay

Mailing Address 1708 NW 41st St

City Oklahoma City State OK Zip Code 73118

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

Name of Employer Garden Design Assoc., Inc. Occupation Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period
Contribution 500.00

C. Full Name (Last, First, Middle Initial)
Rodney Coate

Mailing Address 7116 NE 116th

City Edmond State OK Zip Code 73013

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

Name of Employer OHUSC Occupation CRNA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4795

Amount of Each Receipt this Period
Contribution 250.00

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

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

1000.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. John Coyle | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014 | |
| Mailing Address 125 Park Ave | | Transaction ID : SA11AI.4711 | |
| City Oklahoma City | State OK | Zip Code 73102 | Amount of Each Receipt this Period Contribution 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Coyle Law Firm | Occupation Lawyer | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. William Cromwell | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014 | |
| Mailing Address 1645 Queenstown Rd | | Transaction ID : SA11AI.4574 | |
| City Nichols Hills | State OK | Zip Code 73116 | Amount of Each Receipt this Period Contribution 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Self | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | | | |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial) C. Susan Crutcher | | Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014 | |
| Mailing Address 8800 Henley Ave | | Transaction ID : SA11AI.4151 | |
| City Oklahoma City | State OK | Zip Code 73131 | Amount of Each Receipt this Period Contribution 2600.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3350.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | | |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial) A. Thomas H Davis | | Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014 | |
| Mailing Address 11916 Slash Pine Dr | | Transaction ID : SA11AI.4114 | |
| City Edmond | State OK | Zip Code 73013 | Amount of Each Receipt this Period Contribution 2600.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer OKC Mereind. | Occupation Partner | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Drew Edmondson | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014 | |
| Mailing Address PO Box 18922 | | Transaction ID : SA11AI.4642 | |
| City Oklahoma City | State OK | Zip Code 73154 | Amount of Each Receipt this Period Contribution 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Gable Gotwals | Occupation Attorney | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | | | |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial) C. Thao Edwards | | Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014 | |
| Mailing Address 1703 Dorchester Pl | | Transaction ID : SA11AI.4110 | |
| City Oklahoma City | State OK | Zip Code 73120 | Amount of Each Receipt this Period Contribution 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3850.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Mark Fitch | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014 | |
| Mailing Address 6206 Waterford Blvd #71 | | Transaction ID : SA11AI.4171 | |
| City Oklahoma City | State OK | Zip Code 73118 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 Contribution | |
| Name of Employer Attorney | Occupation Self | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | | | |
|---|----------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Margaret Flansburg | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014 | |
| Mailing Address 209 NW 20th | | Transaction ID : SA11AI.4589 | |
| City Oklahoma City | State OK | Zip Code 73103 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 Contribution | |
| Name of Employer N/A | Occupation N/A | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. James Frasier | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014 | |
| Mailing Address 1700 Southwest Blvd | | Transaction ID : SA11AI.4177 | |
| City Tulsa | State OK | Zip Code 74107 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 Contribution | |
| Name of Employer Self | Occupation Attorney | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 800.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sam Gresham

Mailing Address 520 NW 18th St

City Oklahoma City State OK Zip Code 73103

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

Name of Employer Self Occupation Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4599

Amount of Each Receipt this Period
 500.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Eric Groves

Mailing Address 426 NW 35th

City Oklahoma City State OK Zip Code 73118

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

Name of Employer Attorney Occupation Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
 250.00
 Contribution

C. Full Name (Last, First, Middle Initial)
William Hawk

Mailing Address 7417 Aurelia Rd

City Oklahoma City State OK Zip Code 73121

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

Name of Employer W.D. Hawk MD, PC Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4205

Amount of Each Receipt this Period
 250.00
 Contribution

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

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

1000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Eric Hermansen

Mailing Address 2109 Tuttington

City Oklahoma City State OK Zip Code 73170

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period
 250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Jane Hill

Mailing Address 317 NW 22nd

City Oklahoma City State OK Zip Code 73103

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

Name of Employer OU College of Nursing Occupation Registered Nurse

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4926

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Ellen Kay Holladay

Mailing Address 1028 Connelly Ln

City Norman State OK Zip Code 73072

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period
 250.00
 Contribution

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 14 OF 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jann Hook

Mailing Address 3101 N Harvey Pkwy

City State Zip Code
Oklahoma City OK 73118

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

Name of Employer Occupation
Southwestern Bell IT Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
 250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Terry Hook

Mailing Address 3101 N Harvey Pkwy

City State Zip Code
Oklahoma City OK 73118

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.4185

Amount of Each Receipt this Period
 250.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Ingrid's Pantry

Mailing Address 3701 N Youngs Blvd

City State Zip Code
Oklahoma City OK 73112

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period
 500.00
 Contribution

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

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

1000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Kyle Kaiser | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014 | |
| Mailing Address 1530 Clarendon Blvd #915 | | Transaction ID : SA11AI.4512 | |
| City Arlington | State VA | Zip Code 22209 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Enterprise Wireless Alliance | Occupation Sales Director | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. George Krumme | | Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014 | |
| Mailing Address 2300 Riverside Dr #16E | | Transaction ID : SA11AI.4167 | |
| City Tulsa | State OK | Zip Code 74114 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 | |
| Name of Employer Self | Occupation Oil Production | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Michael Laird | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014 | |
| Mailing Address 20 N Broadway Ave Ste 1800 | | Transaction ID : SA11AI.4679 | |
| City Oklahoma City | State OK | Zip Code 73102 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Crowe & Dunlevy | Occupation Attorney | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3350.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Tim Larason

Mailing Address 11220 Willow Grove Rd

City Oklahoma City State OK Zip Code 73102

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

Name of Employer Andrews Davis, PC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
 250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Robert Lemon

Mailing Address 2705 NW 59th St

City Oklahoma City State OK Zip Code 73112

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

Name of Employer Lemon Law Firm Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period
 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Marguerite McGuffin

Mailing Address PO Box 18818

City Oklahoma City State OK Zip Code 73154

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

Name of Employer Self Occupation Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period
 250.00
 Contribution

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

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

1500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
George McQuiston

Mailing Address 3900 N Harvey Pkwy

City Oklahoma City State OK Zip Code 73118

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4458

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
Joseph Medley

Mailing Address 1010 Irvine Ct

City Edmond State OK Zip Code 73025

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

Name of Employer Lowe's Occupation Store Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
Sara Merchant

Mailing Address 1124 N Meta

City Oklahoma City State OK Zip Code 73107

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

Name of Employer AMF Occupation Clerical

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4738

Amount of Each Receipt this Period
 Contribution 100.00

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

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

600.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Brooke Murphy | | Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014 | |
| Mailing Address 1225 Glenbrook Terr | | Transaction ID : SA11AI.4155 | |
| City Oklahoma City | State OK | Zip Code 73116 | Amount of Each Receipt this Period Contribution 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Crowe & Dunlevy | Occupation Attorney | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | | | |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial) B. Patrick Neeley | | Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2014 | |
| Mailing Address PO Box 630 | | Transaction ID : SA11AI.4179 | |
| City Davis | State OK | Zip Code 73030 | Amount of Each Receipt this Period Contribution 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Chickasaw Nation | Occupation CFO | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | | |

| | | | |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial) C. Aldean Newcomb | | Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014 | |
| Mailing Address 2300 Riverside Dr 16E | | Transaction ID : SA11AI.4165 | |
| City Tulsa | State OK | Zip Code 74114 | Amount of Each Receipt this Period Contribution 2600.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | | |

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|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4100.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jerry Novakowski

Mailing Address 3605 Walking Sky Rd

City Edmond State OK Zip Code 73013

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

Name of Employer Self Occupation Oil & Gas

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.4173

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Kelly Novakowski

Mailing Address 3605 Walking Sky Rd

City Edmond State OK Zip Code 73013

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

Name of Employer Self Occupation Oil & Gas

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.4175

Amount of Each Receipt this Period
 Contribution 500.00

C. Full Name (Last, First, Middle Initial)
Kelly Pearson

Mailing Address 3237 N Harvey Pkwy

City Oklahoma City State OK Zip Code 73118

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

Name of Employer Self Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
 Contribution 500.00

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

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

1500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Paul Pearson

Mailing Address 3237 N Harvey Pkwy

City Oklahoma City State OK Zip Code 73118

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

Name of Employer Self Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Peter G. Pierce

Mailing Address 1202 Oklahoma Ave

City Norman State OK Zip Code 73071

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

Name of Employer First Bethany Bank & Trust Occupation Chair

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4632

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
Jeffery Riles

Mailing Address 2747 NW 19th St

City Oklahoma City State OK Zip Code 73107

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

Name of Employer Phillips Murrah, PC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4891

Amount of Each Receipt this Period
 Contribution 250.00

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

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

1000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Henry Roberson

Mailing Address 1141 Pinehurst Dr

City Norman State OK Zip Code 73072

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4535

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
Jim Roth

Mailing Address PO Box 18904

City Oklahoma City State OK Zip Code 73154

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

Name of Employer Phillips Murrah Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
Sharon M Rowan

Mailing Address 217 NW 34th St

City Oklahoma City State OK Zip Code 73118

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

Name of Employer OKCPS Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period
 Contribution 500.00

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

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

1000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bill Schlittler

Mailing Address 4224 NW 143rd St

City Oklahoma City State OK Zip Code 73134

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

Name of Employer Dolese Brothers Occupation Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Kim Schlittler

Mailing Address 4224 NW 143rd St

City Oklahoma City State OK Zip Code 73134

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
 Contribution 500.00

C. Full Name (Last, First, Middle Initial)
Ellen W Stevens

Mailing Address 1134 NW 33rd St

City Oklahoma City State OK Zip Code 73118

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

Name of Employer Self Occupation Civil Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
 Contribution 250.00

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

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

1250.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Loretta Stinson

Mailing Address 1112 E 10th St

City Sulphur State OK Zip Code 73086

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

Name of Employer Oklahoma School for the Deaf Occupation Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Dan Straughan

Mailing Address 4316 Spyglass Dr

City Norman State OK Zip Code 73072

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

Name of Employer The Homeless Alliance Occupation Nonprofit Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4778

Amount of Each Receipt this Period
 Contribution 250.00

C. Full Name (Last, First, Middle Initial)
Willard Tice

Mailing Address 1114 Sherwood Ln
A2

City Oklahoma City State OK Zip Code 73116

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.4531

Amount of Each Receipt this Period
 Contribution 500.00

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

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

1250.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lisa Gayle Toahty

Mailing Address 4725 Tate Dr

City State Zip Code
Del City OK 73115

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

Name of Employer Occupation
Oklahoma City Indian Clinic Prevention Specialist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period
250.00
Contribution

B. Full Name (Last, First, Middle Initial)
James Tolbert

Mailing Address 116 E Sheridan

City State Zip Code
Oklahoma City OK 73104

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

Name of Employer Occupation
Self Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.4438

Amount of Each Receipt this Period
250.00
Contribution

C. Full Name (Last, First, Middle Initial)
Erin VanLaanen

Mailing Address 2720 Elmhurst Ave

City State Zip Code
Oklahoma City OK 73120

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

Name of Employer Occupation
McAfee & Taft Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period
500.00
Contribution

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

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

1000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Gregory Vaut | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 6 Baycrest Dr | | Transaction ID : SA11AI.4357 |
| City South Burlington | State VT | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer N/A | Occupation N/A | Contribution |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Gregory Vaut | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 6 Baycrest Dr | | Transaction ID : SA11AI.4524 |
| City South Burlington | State VT | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer N/A | Occupation N/A | Contribution |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1250.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Leslie Wasson | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 2508 NW 69th | | Transaction ID : SA11AI.4392 |
| City Oklahoma City | State OK | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Self | Occupation Self | Contribution |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 300.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1550.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 33 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Gary Wood | | Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 2204 NW 56th St | | Transaction ID : SA11AI.4499 |
| City Oklahoma City | State OK | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer N/A | Occupation N/A | Contribution |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Gary Wood | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 2204 NW 56th St | | Transaction ID : SA11AI.4781 |
| City Oklahoma City | State OK | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer N/A | Occupation N/A | Contribution |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Tim Young | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 6020 N Robinson | | Transaction ID : SA11AI.4626 |
| City Oklahoma City | State OK | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self | Occupation Chiropractor | Contribution |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | 35950.00 |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 33 |
| | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AL MCAFFREY

Mailing Address **PO BOX 60668**

City **OKLAHOMA CITY** State **OK** Zip Code **73146**

FEC ID number of contributing federal political committee. **C H4OK05124**

Name of Employer **Self** Occupation **Funeral Director**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 / /
02 / 01 / 2014

Transaction ID : SA13A.4690

Amount of Each Receipt this Period
 100.00

Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

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

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

100.00

100.00

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 28 OF 33 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ActBlue | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 185.70 Transaction ID : SB17.4336 |
| City Somerville | State ME | |
| Zip Code 02144 | Purpose of Disbursement Merchant Service Fees | 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. ActBlue | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 274.03 Transaction ID : SB17.4490 |
| City Somerville | State ME | |
| Zip Code 02144 | Purpose of Disbursement Merchant Service Fees | 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) c. ActBlue | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 19.95 Transaction ID : SB17.4584 |
| City Somerville | State ME | |
| Zip Code 02144 | Purpose of Disbursement Merchant Service Fees | 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: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 479.68 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 29 OF 33 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. ActBlue | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 23.94 Transaction ID : SB17.4213 |
| City Somerville | State ME | |
| Zip Code 02144 | Purpose of Disbursement Merchant Service Fees | 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. ActBlue | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 263.36 Transaction ID : SB17.4669 |
| City Somerville | State ME | |
| Zip Code 02144 | Purpose of Disbursement Merchant Service Fees | 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) c. ActBlue | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 59.58 Transaction ID : SB17.4921 |
| City Somerville | State ME | |
| Zip Code 02144 | Purpose of Disbursement Merchant Service Fees | 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: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 346.88 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 33 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. ActBlue | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 366 Summer St | | Amount of Each Disbursement this Period 1.41 Transaction ID : SB17.4945 |
| City Somerville State ME Zip Code 02144 | Purpose of Disbursement Merchant Service Fees 001 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. Marianne's Rentals | | Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014 |
| Mailing Address 225 W Britton Rd | | Amount of Each Disbursement this Period 718.82 Transaction ID : SB17.4918 |
| City Oklahoma City State OK Zip Code 73114 | Purpose of Disbursement Fundraiser Rentals 003 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) c. Robert P. Bokinz | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address 2 Main St | | Amount of Each Disbursement this Period 335.45 Transaction ID : SB17.4667 |
| City Edgartown State ME Zip Code 02539 | Purpose of Disbursement Catering for Reception 007 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: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1055.68 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 33 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. SkyFire Media | | Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014 |
| Mailing Address PO Box 1460 | | Amount of Each Disbursement this Period 2249.05 Transaction ID : SB17.4104 |
| City Norman | State OK | |
| Zip Code 73070 | Purpose of Disbursement Professional Consulting, staff & printing | 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. SkyFire Media | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014 |
| Mailing Address PO Box 1460 | | Amount of Each Disbursement this Period 4500.00 Transaction ID : SB17.4102 |
| City Norman | State OK | |
| Zip Code 73070 | Purpose of Disbursement Professional Consulting & Website Design | Category/ Type 011 |
| 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) c. SkyFire Media | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014 |
| Mailing Address PO Box 1460 | | Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4105 |
| City Norman | State OK | |
| Zip Code 73070 | Purpose of Disbursement Professional Consulting & staff | 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: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 7999.05 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 32 OF 33 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
MCAFFREY FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. SkyFire Media | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address PO Box 1460 | | Amount of Each Disbursement this Period 7084.20 Transaction ID : SB17.4106 |
| City Norman | State OK | |
| Zip Code 73070 | Purpose of Disbursement Professional Consulting, polling, NGP database, printing, Parade entry 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. SkyFire Media | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014 |
| Mailing Address PO Box 1460 | | Amount of Each Disbursement this Period 6627.20 Transaction ID : SB17.4100 |
| City Norman | State OK | |
| Zip Code 73070 | Purpose of Disbursement Professional Consulting Services- staff & printing | 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) c. SkyFire Media | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address PO Box 1460 | | Amount of Each Disbursement this Period 1053.00 Transaction ID : SB17.4265 |
| City Norman | State OK | |
| Zip Code 73070 | Purpose of Disbursement Consulting- Fundraiser & travel | Category/ Type 003 |
| 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: | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 14764.40 |
| TOTAL This Period (last page this line number only)..... | 24645.69 |

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

NAME OF COMMITTEE (In Full) **MCAFFREY FOR CONGRESS** Transaction ID : **SC/10.4690**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** AL MCAFFREY
 Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address PO BOX 60668
 City OKLAHOMA CITY State OK ZIP Code 73146

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 100.00 | 0.00 | 100.00 |

TERMS
 Date Incurred: M 02 / D 01 / Y 2014
 Date Due: M / D / Y 4/15/2015
 Interest Rate: 0.00 % (apr)
 Secured: Yes 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)..... | ▶ | 100.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | 100.00 |

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