RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
16 FEB -3 PM 2:01
Office Use Only

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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 [X] 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)
- [X] 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 MM / DD / YYYY in the State of

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

[ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 10 / 01 / 2015 through 12 / 31 / 2015

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 Date 01 / 26 / 2016

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

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

2016020402000957715

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF SHAK HILL

Report Covering the Period: From: 10 / 01 / 2015 To: 12 / 31 / 2015

	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))...	555.00	4082.76
(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))...	555.00	4082.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)..	1615.80	13783.52
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	58.06
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	1615.80	13725.46
8. Cash on Hand at Close of Reporting Period (from Line 27)...	4094.66	
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

2016020402000065716

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: 10 / 01 / 2015 To: 12 / 31 / 2015

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)...	150.00	1400.00
(ii) Unitemized.....	405.00	2632.76
(iii) TOTAL of contributions from individuals . ▶	555.00	4032.76
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	50.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	555.00	4082.76
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..	0.00	58.06
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)... ▶	555.00	4140.82

2016020402000057717

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	1615.80	13783.52
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...	100.00	100.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1715.80	14083.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	5255.46
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	555.00
25. SUBTOTAL (add Line 23 and Line 24)...	5810.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	1715.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	4094.66

2016020402000065718

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)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 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)
FRIENDS OF SHAK HILL

A.
Full Name (Last, First, Middle Initial): Hans Doerr
Mailing Address: 1605 Gayle Terrace
City: Fredericksburg
State: VA
Zip Code: 22401
FEC ID number of contributing federal political committee: C
Name of Employer: Accelera Solutions, Inc.
Occupation: Virtualization Architect
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 300.00
Date of Receipt: 10 / 02 / 2015
Transaction ID : SA11AI.6655
Amount of Each Receipt this Period: 50.00
Debt Retirement

B.
Full Name (Last, First, Middle Initial): Hans Doerr
Mailing Address: 1605 Gayle Terrace
City: Fredericksburg
State: VA
Zip Code: 22401
FEC ID number of contributing federal political committee: C
Name of Employer: Accelera Solutions, Inc.
Occupation: Virtualization Architect
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 350.00
Date of Receipt: 11 / 02 / 2015
Transaction ID : SA11AI.6663
Amount of Each Receipt this Period: 50.00
Debt Retirement

C.
Full Name (Last, First, Middle Initial): Hans Doerr
Mailing Address: 1605 Gayle Terrace
City: Fredericksburg
State: VA
Zip Code: 22401
FEC ID number of contributing federal political committee: C
Name of Employer: Accelera Solutions, Inc.
Occupation: Virtualization Architect
Receipt For: 2014
[X] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 400.00
Date of Receipt: 12 / 02 / 2015
Transaction ID : SA11AI.6671
Amount of Each Receipt this Period: 50.00
Debt Retirement

SUBTOTAL of Receipts This Page (optional) 150.00

TOTAL This Period (last page this line number only) 150.00

2016020492000065719

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)
Vertical Response

Mailing Address 50 Beale St
10th Fl

City: San Francisco State: CA Zip Code: 94105

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: 10 / 21 / 2015

Amount of Each Disbursement this Period: 160.00

Transaction ID : SB17.6682

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

Mailing Address 50 Beale St
10th Fl

City: San Francisco State: CA Zip Code: 94105

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: 11 / 21 / 2015

Amount of Each Disbursement this Period: 160.00

Transaction ID : SB17.6695

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

Mailing Address 50 Beale St
10th Fl

City: San Francisco State: CA Zip Code: 94105

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: 12 / 21 / 2015

Amount of Each Disbursement this Period: 160.00

Transaction ID : SB17.6706

SUBTOTAL of Disbursements This Page (optional) 480.00

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

2016020402000065720

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): 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: 10 / 12 / 2015
Amount of Each Disbursement this Period: 210.44
Transaction ID : SB17.6678

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: 10 / 12 / 2015
Amount of Each Disbursement this Period: 38.25
Transaction ID : SB17.6679

C. 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: 10 / 12 / 2015
Amount of Each Disbursement this Period: 20.25
Transaction ID : SB17.6680

SUBTOTAL of Disbursements This Page (optional) 268.94

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

2016020402000065721

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): 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: 12 / 08 / 2015
Amount of Each Disbursement this Period: 72.96
Transaction ID : SB17.6698

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 / Y Y Y Y
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 / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 72.96

TOTAL This Period (last page this line number only) 821.90

2016020402000065722

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

Mailing Address
PO BOX 486

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

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 07 D 09 / Y 2013	M M / D D / 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.

2016020400200065723

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 (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	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.

2016020400065724

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 M 09 / D D 18 / 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) ▶ 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.

2016020400065725

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:
09 / 24 / 2013	MM / DD / 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)... ▶ 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.

2016020400005572 6

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 (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate	Secured:
09 / 30 / 2013	12/31/14	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) ▶ 17135.00

TOTALS This Period (last page in this line only) ▶ 10490.00

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

2016020402000957727

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
- [x] 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) ▶	

FE5AN018

2016020402000065728

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

Friends of Shak Hill
PO Box 486
Centreville, VA 20122
Constitution First

[redacted]

FIRST CLASS

Secratary of the Senate
Office of Public Records
232 Hart Senate Bldg
Washington, DC 20510

Screened by 13
FEB 02 2016

20160204020006 57 30

JULIE ADAM
SECRETAR

NA K. MACCALLUM
SUPERINTENDENT
ART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-711
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL 2/3/16 1/27/16
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
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 ☐ POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 2/3/16

2/28/2015

2016020402000065731

SEN PATCH

SEN PATCH

20160204020006573 2