

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **Stephen Vincent Anthony**

(b) Address (number and street)  check if different than previously reported  
4491 Cheshire Station Plaza  
PMB 142

(c) City, State and ZIP Code  
Woodbridge VA 22193

(d) Name of Employer or Principal Place of Business N/A (e) Occupation Retired

### 2. FEC Identification Number

C C30002216

### 3. Is This Statement

New  
or  
 Amended

### 4. Covering Period

01 / 01 / 2014  
through  
03 / 31 / 2014

5. (a) Date of Public Distribution(s) 01 / 15 / 2014 (b) Communication Title Obtain FEC Identification Number

6. The filer is a(n): (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)  
(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15  
(e)  Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes  No

### 8. Custodian of Records

(a) Name  
Stephen Vincent Anthony

(b) Address (number and street)  
4491 Cheshire Station Plaza  
PMB 142

(c) City, State and ZIP Code  
Woodbridge VA 22193

(d) Name of Employer or Principal Place of Business N/A (e) Occupation Retired

### 9. Total Donations This Statement

20.00

### 10. Total Disbursements/Obligations This Statement

.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Stephen Vincent Anthony

SIGNATURE Stephen Vincent Anthony [Electronically Filed] DATE 01/15/2014

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

**SCHEDULE 9-A**  
**Donation(s) Received**

**A.** Full Name of Donor  
**Stephen Vincent Anthony**

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Mailing Address of Donor  
4491 Cheshire Station Plaza  
PMB 142

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City State Zip  
Woodbridge VA 22193

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2014

Amount  
20.00

**Transaction ID : F92.000001**

**B.** Full Name of Donor

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Mailing Address of Donor

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City State Zip

Date of Receipt  
MM / DD / YYYY

Amount

**C.** Full Name of Donor

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Mailing Address of Donor

---

City State Zip

Date of Receipt  
MM / DD / YYYY

Amount

**D.** Full Name of Donor

---

Mailing Address of Donor

---

City State Zip

Date of Receipt  
MM / DD / YYYY

Amount

**E.** Full Name of Donor

---

Mailing Address of Donor

---

City State Zip

Date of Receipt  
MM / DD / YYYY

Amount

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

20.00

**TOTAL** This Period (last page this line number only) ..... ▶  
(carry total from last page to Line 9)

20.00