

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Comstock for Congress			
ADDRESS (number and street) PO Box 831			
CITY, STATE, and ZIP CODE Mc Lean VA 22101			
2. NAME OF CANDIDATE The Honora Barbara J Comstock		3. OFFICE SOUGHT (State and District) House VA 10	
		4. FEC IDENTIFICATION NUMBER C00554261	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Mr. Abbas Alaghebadian 6850 Georgetown Pike Mclean VA 22101		Name of Employer Happy Farm Botanicals Inc Transaction ID : F65-CN8830 Occupation Business Man	Date (month, day, year) 10/27/2014 Amount 1000
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Mr. Sean Coleman 250 S 18th St Philadelphia PA 19103		Name of Employer Franklin Square Transaction ID : F65-CN8661 Occupation Finance	Date (month, day, year) 10/26/2014 Amount 2600
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Mrs. Theresa Cooney 8801 Bel Air Pl Potomac MD 20854		Name of Employer ACG Transaction ID : F65-CN8831 Occupation Attorney	Date (month, day, year) 10/27/2014 Amount 1000
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Ms. Sara T. Fagen 606 N Hudson St Arlington VA 22201		Name of Employer DDC Advocacy Transaction ID : F65-CN8829 Occupation Partner	Date (month, day, year) 10/27/2014 Amount 1000
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Ms. Rebecca Fish 7025 Benjamin St Mclean VA 22101		Name of Employer HHS Transaction ID : F65-CN8824 Occupation Policy Advisor	Date (month, day, year) 10/26/2014 Amount 1000
SIGNATURE (optional) Mr. Steve Ralls <i>[Electronically Filed]</i>		DATE 10/27/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Mr. Jeffrey Kurzweil 809 Olde Georgetown Ct Great Falls VA 22066	Name of Employer Venable LLP Transaction ID : F65-CN8832 Occupation Attorney	Date (month, day, year) 10/27/2014	Amount 1000
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Mr. Terrance LaPier 1203 Stuart Robeson Dr Mc Lean VA 22101	Name of Employer Pierpont Transaction ID : F65-CN8827 Occupation Private Equity	Date (month, day, year) 10/27/2014	Amount 2600
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Mr. Leonard A. Leo 6231 Nelway Drive Mclean VA 22101	Name of Employer The Federalist Society Transaction ID : F65-CN8828 Occupation Attorney	Date (month, day, year) 10/27/2014	Amount 1000
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Dr. Tushar Patel 1441 Mayhurst Blvd Mc Lean VA 22102	Name of Employer Commonwealth Orthopedics Transaction ID : F65-CN8825 Occupation Surgeon	Date (month, day, year) 10/26/2014	Amount 1000
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Mr. Robin D. Roberts 6460 Kedleston Cy Mclean VA 22101	Name of Employer National Media Transaction ID : F65-CN8826 Occupation Owner	Date (month, day, year) 10/27/2014	Amount 1000

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Mr. Robert Thompson 434 Montpelier Rd Great Falls VA 22066	Name of Employer Thompson Advisory Group Transaction ID : F65-CN8744 Occupation Consultant	Date (month, day, year) 10/26/2014	Amount 1200
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount