

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
FRIENDS OF BOB JOHNSON, LLC

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))....	72066.00	217457.87
(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)).....	72066.00	217457.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	44316.89	76306.81
(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)).....	44316.89	76306.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	211151.06	
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).....	70000.00	

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

FRIENDS OF BOB JOHNSON, LLC

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).....	58950.00	193960.87
(ii) Unitemized.....	5616.00	10997.00
(iii) TOTAL of contributions from individuals ▶	64566.00	204957.87
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	12500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	72066.00	217457.87
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	70000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	70000.00
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)..... ▶	72066.00	287457.87

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	44316.89	76306.81
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) ►	44316.89	76306.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	183401.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	72066.00
25. SUBTOTAL (add Line 23 and Line 24).....	255467.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44316.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	211151.06

**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 49			
	<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	

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 BOB JOHNSON, LLC

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

Mailing Address 40 Medical Arts Center

City Savannah State GA Zip Code 31405

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 21 / 2013

Transaction ID : SA11AI.4904

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3529 Country Club Road

City Valdosta State GA Zip Code 31605

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

Name of Employer ENT & Allergy Associates 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
 12 / 30 / 2013

Transaction ID : SA11AI.4741

Amount of Each Receipt this Period
 500.00

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

Mailing Address 222 Pine Needle Road

City Douglas State GA Zip Code 31535

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

Name of Employer Self 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
 12 / 31 / 2013

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period
 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: PAGE 6 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Eugene Bargeron

Mailing Address 300 E. 44th Street

City Savannah State GA Zip Code 31405

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

Name of Employer Retired 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
 11 / 27 / 2013

Transaction ID : SA11AI.4884

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Thomas E. Bat

Mailing Address 1285 Old Riverside Road

City Rosewell State GA Zip Code 30076

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

Name of Employer Self 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
 12 / 22 / 2013

Transaction ID : SA11AI.4814

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 113 Crookedwood Lane

City Savannah State GA Zip Code 31406

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

Name of Employer Self 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
 12 / 18 / 2013

Transaction ID : SA11AI.4836

Amount of Each Receipt this Period
 250.00

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

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

3100.00

**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 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Richard Berkowitz

Mailing Address 6 Pineside Lane

City Savannah State GA Zip Code 31411

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
 11 / 27 / 2013

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period
 250.00

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

Mailing Address 237 Falligant Ave.

City Savannah State GA Zip Code 31410

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

Name of Employer GA Ctr for Reproductive Med 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
 12 / 28 / 2013

Transaction ID : SA11AI.4788

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 237 Falligant Avenue

City Savannah State GA Zip Code 31410

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

Name of Employer The Georgia Center for Repro Med 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
 10 / 16 / 2013

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period
 500.00

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

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

2250.00

**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 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
William Scott Bohlke

Mailing Address 2620 Clito Road

City State Zip Code
Stateboro GA 30461

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

Name of Employer Self 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
 10 / 14 / 2013

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period
 500.00

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

Mailing Address 43 Miller Drive

City State Zip Code
Richmond Hill GA 31324

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

Name of Employer Coastal Electric Cooperative Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period
 250.00

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

Mailing Address 806 Forest

City State Zip Code
Hinesville GA 31313

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

Name of Employer Self 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
 12 / 23 / 2013

Transaction ID : SA11AI.4800

Amount of Each Receipt this Period
 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 9 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Dr. Randy Bottner

Mailing Address 4 Adams Point

City Savannah State GA Zip Code 31411

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

Name of Employer Savannah Cardiology 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
 11 / 25 / 2013

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period
 1600.00

Election Cycle-to-Date
 2600.00

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

Mailing Address 1302 Bacon Park Drive

City Savannah State GA Zip Code 31406

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

Name of Employer St. Joseph's/Candler Health System Occupation VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2013

Transaction ID : SA11AI.4826

Amount of Each Receipt this Period
 250.00

Election Cycle-to-Date
 250.00

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

Mailing Address 1826 Walthour Road

City Savannah State GA Zip Code 31410

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

Name of Employer Optim Medical 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
 12 / 27 / 2013

Transaction ID : SA11AI.4790

Amount of Each Receipt this Period
 500.00

Election Cycle-to-Date
 500.00

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

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

2350.00

**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 10 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Anthony Costrini, MD

Mailing Address 11700 Mercy Blvd Suite 5

City Savannah State GA Zip Code 31419

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

Name of Employer SoutEast Lung Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 03 / 2013

Transaction ID : SA11AI.4874

Amount of Each Receipt this Period
 500.00

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

Mailing Address 6 Seaton Cross

City Pooler State GA Zip Code 31322

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

Name of Employer Daniel Defense, Inc. Occupation President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11AI.4830

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 208 Wiley Bottom Road

City Savannah State GA Zip Code 31411

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

Name of Employer Chatham Radiologists, PA Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 27 / 2013

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period
 250.00

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

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

1750.00

**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 11 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
John Devaro

Mailing Address 306 Wheeler Street

City Savannah State GA Zip Code 31405

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

Name of Employer Childrens Eye Institute Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11AI.4832

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Edmund R Donoghue

Mailing Address 28 Turning Leaf Way

City Savannah State GA Zip Code 31419

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

Name of Employer GA Bureau of Investigation Occupation Forensic Pathologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2013

Transaction ID : SA11AI.4987

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2665 N. Decatur Rd. Suite 330

City Decatur State GA Zip Code 30033

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2013

Transaction ID : SA11AI.4950

Amount of Each Receipt this Period
 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 12 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Harresh Dulamal

Mailing Address 3 Wylly Island Drive

City Savannah State GA Zip Code 31406

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

Name of Employer SouthCoast Medical Group Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.4989

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1020 Wilmington Island Road

City Savannah State GA Zip Code 31410

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

Name of Employer Southern Allergy Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.5000

Amount of Each Receipt this Period
 500.00

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

Mailing Address 48 Cotton Crossing West

City Savannah State GA Zip Code 31411

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
 11 / 20 / 2013

Transaction ID : SA11AI.4908

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

**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 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Larry Elam		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2013	
Mailing Address 4 Harlan Drive		Transaction ID : SA11AI.4896	
City Savannah	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 31406			
FEC ID number of contributing federal political committee. C			
Name of Employer Southcoast	Occupation Physician		
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. James Emery		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2013	
Mailing Address 43 Cotton Crossing West		Transaction ID : SA11AI.4868	
City Savannah	State GA	Amount of Each Receipt this Period 1000.00	
Zip Code 31411			
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Consultant		
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. Charles Ferris		Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2013	
Mailing Address 9305 Whitefield Ave		Transaction ID : SA11AI.4760	
City Savannah	State GA	Amount of Each Receipt this Period 200.00	
Zip Code 31406			
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	1450.00

**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 14 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
E. Ronald Finger

Mailing Address 11 West Jones Street

City Savannah State GA Zip Code 31401

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

Name of Employer Savannah Plastic Surgery Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 22 / 2013

Transaction ID : SA11AI.4808

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2365 Old Milton Parkway Suite 200

City Alpharetta State GA Zip Code 30009

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

Name of Employer Milton Hall Surgical Assoc Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 02 / 2013

Transaction ID : SA11AI.4878

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 500 Ford Way

City Richmond Hill State GA Zip Code 31324

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

Name of Employer Gaster Lumber & Hardware Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.4854

Amount of Each Receipt this Period
 1000.00

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

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

3500.00

**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 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Dana Gaudry		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2013	
Mailing Address PO Box 2805		Transaction ID : SA11AI.4818	
City Tybee Island State GA Zip Code 31328	Amount of Each Receipt this Period 450.00		
FEC ID number of contributing federal political committee. C	Name of Employer Self Occupation Business Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) B. Arden J. Hadwin		Date of Receipt M M / D D / Y Y Y Y 12 / 28 / 2013	
Mailing Address PO box 13279		Transaction ID : SA11AI.4772	
City Savannah State GA Zip Code 31416	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Self 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) C. Kay Haltom		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2013	
Mailing Address 2926 Ashbrooke Dr. NE		Transaction ID : SA11AI.4876	
City Marietta State GA Zip Code 30068	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Resurgence Orthopedics Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 16 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. John Helmken		Date of Receipt M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 45 Island Drive		Transaction ID : SA11AI.4928
City Savannah	State GA	Zip Code 31406
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Savannah Bank	Occupation Banker	
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. Stephen G. Hendrix		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 1 Mulberry Bluff Dr.		Transaction ID : SA11AI.4751
City Savannah	State GA	Zip Code 31406
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer SouthCoast Medical Group	Occupation Allergist	
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. James Holtzclaw		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2013
Mailing Address 132 Marsh Harbor Dr.		Transaction ID : SA11AI.4816
City Savannah	State GA	Zip Code 31410
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Chatham Orthopedics	Occupation Physician	
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).....	2000.00
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: PAGE 17 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 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 BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Thomas Hopkins

Mailing Address 1435 Maple Drive

City Griffin State GA Zip Code 30244

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

Name of Employer Self 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
 10 / 24 / 2013

Transaction ID : SA11AI.4952

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1 Cotesworth Place

City Savannah State GA Zip Code 31411

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

Name of Employer Self 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
 12 / 27 / 2013

Transaction ID : SA11AI.4778

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 503 Capitol Ct, NE Suite 200

City Washington State DC Zip Code 20002

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

Name of Employer Hurt, Norton & Associates Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2013

Transaction ID : SA11AI.4850

Amount of Each Receipt this Period
 500.00

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

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

1750.00

**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 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Ashish Jain		Date of Receipt M M / D D / Y Y Y Y 12 / 28 / 2013
Mailing Address 30 Westview Drive		Transaction ID : SA11AI.4766
City Hamilton	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
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. Dr. Robert Jarman		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 7 Marsh Haven Lane		Transaction ID : SA11AI.4727
City Savannah	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anesthesia Associates	Occupation Anesthesiologist	
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. James Judy		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 510 Moon River Court		Transaction ID : SA11AI.4735
City Savannah	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Savannah Urology	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) Forrest Lane		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2013	
Mailing Address 615 Hatchee Ridge Road		Transaction ID : SA11AI.4976	
City Dublin	State GA	Zip Code 31021	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Middle GA Anesthesia	Occupation Physician		
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) S. Wister Lewis		Date of Receipt M M / D D / Y Y Y Y 12 / 27 / 2013	
Mailing Address PO Box 60759		Transaction ID : SA11AI.4782	
City Savannah	State GA	Zip Code 31420	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Business Owner		
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) Lincoln Lippincott		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2013	
Mailing Address 1497 Fair Road		Transaction ID : SA11AI.4916	
City Statesboro	State GA	Zip Code 30458	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Physician		
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).....	750.00
TOTAL This Period (last page this line number only).....	750.00

**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 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Jeremy London		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 11 East Jones Street		Transaction ID : SA11AI.4798
City Savannah	State GA Zip Code 31401	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Savannah Vascular	Occupation Physician	
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. S. Lord		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 148 Grays Creek Drive		Transaction ID : SA11AI.4796
City Savannah	State GA Zip Code 31410	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Memorial Health	Occupation Physician	
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. Fulton & Donna Love		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 6817 Basin Road		Transaction ID : SA11AI.4699
City Savannah	State GA Zip Code 31419	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Business Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 21 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Ray Maddox

Mailing Address 5353 Reynolds Street

City Savannah State GA Zip Code 31405

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

Name of Employer St Joseph's/Candler Health System Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : SA11AI.4974

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary W Mankin

Mailing Address PO Box 16464

City Savannah State GA Zip Code 31416

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

Name of Employer ReMax Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2013

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary W Mankin

Mailing Address PO Box 16464

City Savannah State GA Zip Code 31416

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

Name of Employer ReMax Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2013

Transaction ID : SA11AI.4887

Amount of Each Receipt this Period
 100.00

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

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

850.00

**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 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Mark Manocha		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 1218 Wilmington Island Road		Transaction ID : SA11AI.4694	
City Savannah	State GA	Amount of Each Receipt this Period 350.00	
Zip Code 31410		Amount of Each Receipt this Period 650.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer Self	Occupation Physician	Amount of Each Receipt this Period 650.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 650.00	

Full Name (Last, First, Middle Initial) B. Mohammad Masroor		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 6 Marsh Island Lane		Transaction ID : SA11AI.4704	
City Savannah	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 31411		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Physician	Amount of Each Receipt this Period 250.00	
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. Alston McCaslin		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2013	
Mailing Address 5901 Abercorn St		Transaction ID : SA11AI.4983	
City Savannah	State GA	Amount of Each Receipt this Period 300.00	
Zip Code 31405		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Self	Occupation Dentist	Amount of Each Receipt this Period 300.00	
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).....	900.00
TOTAL This Period (last page this line number only).....	900.00

**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 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Joe McDonough		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address Ocean Lodge		Transaction ID : SA11AI.4828	
City State Zip Code St. Simons GA 31522	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Business Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) B. Thomas McGurk		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2013	
Mailing Address 1878 Tennille Court		Transaction ID : SA11AI.4914	
City State Zip Code Dunwoody GA 30338	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Business Owner		
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. Allen Meglin		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2013	
Mailing Address 44 Cotton Crossing West		Transaction ID : SA11AI.4844	
City State Zip Code Savannah GA 31411	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Chatham Radiologists Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1050.00
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 24 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Paul Meyer		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2013	
Mailing Address 4 Wymberly Point Road		Transaction ID : SA11AI.4942	
City Savannah	State GA	Zip Code 31406	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Bart, Meyer & Co.	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. Jason Miller		Date of Receipt M M / D D / Y Y Y Y 12 / 28 / 2013	
Mailing Address 253-14th Street SE Unit #A		Transaction ID : SA11AI.4770	
City Washington	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Jamestown Associates	Occupation Business Owner		
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. Mark Murphy		Date of Receipt M M / D D / Y Y Y Y 11 / 06 / 2013	
Mailing Address 616 Rose Dhue Road		Transaction ID : SA11AI.4938	
City Savannah	State GA	Zip Code 31419	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Center for Digestive & Liver Health	Occupation Physician		
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).....	2500.00
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 25 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
David Oliver

Mailing Address 5 Odingsell Lane

City Savannah State GA Zip Code 31411

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

Name of Employer Coastal ENT 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
 12 / 27 / 2013

Transaction ID : SA11AI.4786

Amount of Each Receipt this Period
 1600.00

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

Mailing Address 3 Longwater Lane

City Savannah State GA Zip Code 31411

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

Name of Employer Savannah Children's Heart Center 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
 12 / 30 / 2013

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period
 250.00

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

Mailing Address 107 Pine Lakes Ave

City Savannah State GA Zip Code 31405

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

Name of Employer SCMG 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
 11 / 01 / 2013

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period
 1000.00

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

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

2850.00

**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 26 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Hemal Patel

Mailing Address 109 Red Bluff Circle

City Savannah State GA Zip Code 31326

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

Name of Employer Self Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 23 / 2013

Transaction ID : SA11AI.4806

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2711 River Oaks Drive

City Savannah State GA Zip Code 31324

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

Name of Employer Amy Pearson, 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
 12 / 31 / 2013

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period
 350.00

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

Mailing Address 361 B Commercial Drive

City Savannah State GA Zip Code 31406

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

Name of Employer Self 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
 10 / 08 / 2013

Transaction ID : SA11AI.4992

Amount of Each Receipt this Period
 900.00

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 27 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Guy Petruzzelli		Date of Receipt M M / D D / Y Y Y Y Y 12 / 03 / 2013
Mailing Address 27 East 49th Street		Transaction ID : SA11AI.4870
City Savannah	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Memorial University Med Ctr	Occupation Physician	
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) B. Tyler Randolph		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2013
Mailing Address 205A Miller Avenue		Transaction ID : SA11AI.4822
City Savannah	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tyler Lee Randolph, PC	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) C. Stephen Rashleigh		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2013
Mailing Address 18 Liberty Creek Drive		Transaction ID : SA11AI.4824
City Savannah	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ENT Associates	Occupation Physician	
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).....	2500.00
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 28 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Obaid Rehman		Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2013
Mailing Address 3 Cranesnest Court		Transaction ID : SA11AI.4762
City Savannah	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Southeastern Lung Associates	Occupation Physician	
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. Rick Roth		Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 235 Lyman Hall Road		Transaction ID : SA11AI.4920
City Savannah	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SouthCoast Medical Group	Occupation Physician	
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. Mark Sauer		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 9 Deer Run		Transaction ID : SA11AI.4712
City Savannah	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Savannah Global Solutions, LLC	Occupation Business Owner	
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).....	1000.00
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 29 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Dr. Glen Scarborough

Mailing Address 22 Whyllly Island Drive

City Savannah State GA Zip Code 31406

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

Name of Employer SouthCoast Medical Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4697

Amount of Each Receipt this Period
500.00

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

Mailing Address 5354

City Reynolds St Suite 304 State GA Zip Code 31405

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

Name of Employer Low Country OB-GYN PC Occupation Physician

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
 12 / 31 / 2013

Transaction ID : SA11AI.4733

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James I Scott MD

Mailing Address 1230 Sweetbriar Circle

City Savannah State GA Zip Code 31406

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

Name of Employer Self Occupation Physician

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
 12 / 31 / 2013

Transaction ID : SA11AI.5035

Amount of Each Receipt this Period
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 30 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Keith Seibert

Mailing Address 10055 Ford Avenue

City Richmond Hill State GA Zip Code 31324

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

Name of Employer SouthCoast Medical Group Occupation Physician

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
 11 / 03 / 2013

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period
250.00

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

Mailing Address 1421 Cedar Grove Plantation Drive

City Savannah State GA Zip Code 31419

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

Name of Employer CEPS Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.4996

Amount of Each Receipt this Period
1000.00

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

Mailing Address 12 Eagle Point Lane

City Savannah State GA Zip Code 31406

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

Name of Employer Self Occupation Physician

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
 12 / 31 / 2013

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period
250.00

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 31 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. William Silver		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2013	
Mailing Address 20 Finch Forest Trail NW		Transaction ID : SA11AI.4820	
City Atlanta State GA Zip Code 30327	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Self Occupation Physician		
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. Alan Smith		Date of Receipt M M / D D / Y Y Y Y 12 / 27 / 2013	
Mailing Address 1 Shady Oak Lane		Transaction ID : SA11AI.4788	
City Savannah State GA Zip Code 31411	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Savannah OB/GYN Occupation Physician		
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. Sidney Smith		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 13 W. Bluff Drive		Transaction ID : SA11AI.4716	
City Savannah State GA Zip Code 31406	Amount of Each Receipt this Period _____ 1100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Georgia Skin & Cancer Inst Occupation Dermatologist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1100.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 2100.00
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 32 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
David Stewart

Mailing Address 3730 Bobbin Brook Circle

City Tallahassee State FL Zip Code 32312

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

Name of Employer unknown - researching Occupation unknown - researching

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
 10 / 22 / 2013

Transaction ID : SA11AI.4958

Amount of Each Receipt this Period
250.00

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

Mailing Address 410 E. Gwinnett Street

City Savannah State GA Zip Code 31401

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

Name of Employer Self Occupation Physician

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
 10 / 18 / 2013

Transaction ID : SA11AI.4970

Amount of Each Receipt this Period
500.00

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

Mailing Address 2 Hibernia Road

City Savannah State GA Zip Code 31411

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

Name of Employer Optim Healthcare Occupation Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2013

Transaction ID : SA11AI.4966

Amount of Each Receipt this Period
2600.00

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

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

3350.00

**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 33 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

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

Mailing Address 2 Hibernia Road

City Savannah State GA Zip Code 31411

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
 10 / 19 / 2013

Transaction ID : SA11AI.4968

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 808 Pine Hollow Drive

City Friendswood State TX Zip Code 77546

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

Name of Employer Cynthia P Tarver, 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
 12 / 31 / 2013

Transaction ID : SA11AI.4708

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
John J Trimble, MD

Mailing Address 6369 Big Texas Valley Rd

City Rome State GA Zip Code 30165

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

Name of Employer Retired Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 29 / 2013

Transaction ID : SA11AI.4882

Amount of Each Receipt this Period
 250.00

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

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

3150.00

**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 34 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Demetrios Tsoulos

Mailing Address 3 Steeple Run Way

City Savannah State GA Zip Code 31405

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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2013

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period
250.00

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

Mailing Address 5354 Reynolds St. Suite 315

City Savannah State GA Zip Code 31405

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4753

Amount of Each Receipt this Period
500.00

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

Mailing Address 7929 Bayberry Drive

City Alexandria State VA Zip Code 22306

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

Name of Employer Williams & Jensen Occupation Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 16 / 2013

Transaction ID : SA11AI.4842

Amount of Each Receipt this Period
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 35 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Yutaka Wajima

Mailing Address 3602 Alta Court

City Austin State TX Zip Code 78731

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

Name of Employer Cardiovascular Anesthesiology Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2013

Transaction ID : SA11AI.4856

Amount of Each Receipt this Period
 500.00

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

Mailing Address 70 Old Straton Chase

City Atlanta State GA Zip Code 30328

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

Name of Employer Resurgens Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11AI.4862

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
E. Pomeroy Williams

Mailing Address 447 Bull Street

City Savannah State GA Zip Code 31401

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

Name of Employer Self Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.4745

Amount of Each Receipt this Period
 350.00

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

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

1850.00

**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 36 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
Wayne Ronald Williams

Mailing Address 1201 Fairway Dr.

City State Zip Code
Vidalia GA 30474

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

Name of Employer Occupation
Meadows Regional Med Ctr Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 03 / 2013

Transaction ID : SA11AI.4872

Amount of Each Receipt this Period
1000.00

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

Mailing Address 119 Sweet Baily CV

City State Zip Code
Savannah GA 31410

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

Name of Employer Occupation
Chatham Oral Surgery Dentist

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
11 / 21 / 2013

Transaction ID : SA11AI.4900

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Malcolm Wright MD

Mailing Address 2500 Starling Street
Suite 402

City State Zip Code
Brunswick GA 31522

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

Name of Employer Occupation
Self Physician

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
11 / 07 / 2013

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period
250.00

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

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

1750.00

**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 37 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
James Wynn

Mailing Address 9973 Whitfield Ave

City Savannah State GA Zip Code 31406

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

Name of Employer Self 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
 12 / 30 / 2013

Transaction ID : SA11AI.4749

Amount of Each Receipt this Period
 500.00

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

Mailing Address 32 Islanders Retreat

City Savannah State GA Zip Code 31411

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

Name of Employer Radiology Assoc. 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
 12 / 06 / 2013

Transaction ID : SA11AI.4864

Amount of Each Receipt this Period
 250.00

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

Mailing Address 100 MC Laws Street

City Savannah State GA Zip Code 31405

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

Name of Employer ENT Associates 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
 12 / 28 / 2013

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period
 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 38 OF 49
	<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)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
LF Zottoli, Jr.

Mailing Address 105 Old Towne Road

City Savannah State GA Zip Code 31410

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

Name of Employer Take Care Health Solutions 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
 12 / 31 / 2013

Transaction ID : SA11Al.4696

Amount of Each Receipt this Period
 500.00

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
 M M / D D / Y Y Y Y Y Y

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

58950.00

**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 39 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BOB JOHNSON, LLC

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : SA11C.5019

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Political Action Committee of Orthopedic Surgeons

Mailing Address 317 Massachusetts Ave. NE

City Washington, DC State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SA11C.5021

Amount of Each Receipt this Period
2500.00

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
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

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

7500.00

7500.00

**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 40 OF 49	
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Advertising Specialty Services, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 402 East Montgomery Crossroad		Amount of Each Disbursement this Period 1423.83 Transaction ID : SB17.5004
City Savannah State GA Zip Code 31405	Purpose of Disbursement Printing services Category/Type 006	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Alphagraphics Printing		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 7426 Hodgson Memorial		Amount of Each Disbursement this Period 1231.57 Transaction ID : SB17.5029
City Savannah State GA Zip Code 31406	Purpose of Disbursement printing of material Category/Type 006	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Alphagraphics Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 7426 Hodgson Memorial		Amount of Each Disbursement this Period 196.37 Transaction ID : SB17.5030
City Savannah State GA Zip Code 31406	Purpose of Disbursement printing letterhead Category/Type 004	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2851.77
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 41 OF 49	
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Craig Barrett		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1 Saint George Blvd Apt #401		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.5031
City Savannah State GA Zip Code 31419	Purpose of Disbursement services 001 Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Craig Barrett		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 1 Saint George Blvd Apt #401		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.5032
City Savannah State GA Zip Code 31419	Purpose of Disbursement services 001 Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Craig Barrett		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 1 Saint George Blvd Apt #401		Amount of Each Disbursement this Period 378.34 Transaction ID : SB17.5002
City Savannah State GA Zip Code 31419	Purpose of Disbursement reimbursement for office supplies 006 Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	5378.34
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 42 OF 49	
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Craig Barrett		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 1 Saint George Blvd Apt #401		Amount of Each Disbursement this Period 5500.00 Transaction ID : SB17.5034
City Savannah	State GA Zip Code 31419	
Purpose of Disbursement services	Category/Type 001	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Chatham County Republican Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 11 East 73rd Street		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.5012
City Savannah	State GA Zip Code 31405	
Purpose of Disbursement Table at Republican Club gala	Category/Type 007	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) C. FRIENDS OF BOB JOHNSON, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address PO Box 16401		Amount of Each Disbursement this Period 2553.39 Transaction ID : SB17.5009
City Savannah	State GA Zip Code 31416	
Purpose of Disbursement Debit card charges for travel and related expenses	Category/Type 002	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	10553.39
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 43 OF 49	
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. FRIENDS OF BOB JOHNSON, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address PO Box 16401		Amount of Each Disbursement this Period 1191.78 Transaction ID : SB17.5006
City Savannah State GA Zip Code 31416	Purpose of Disbursement Debit card expenses by staff for supplies 006 Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Jamestown Associates		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 5 Mapleton Road Suite300		Amount of Each Disbursement this Period 6492.44 Transaction ID : SB17.5001
City Ptinceton State NJ Zip Code 08540	Purpose of Disbursement Printin, design related 006 Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Jamestown Associates		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 5 Mapleton Road Suite300		Amount of Each Disbursement this Period 7432.66 Transaction ID : SB17.5003
City Ptinceton State NJ Zip Code 08540	Purpose of Disbursement Services rendered and reimbursement for out of pocket expenses 001 Category/Type	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	15116.88
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 44 OF 49			
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. Dr. Robert Johnson		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 115 McIntosh Drive		Amount of Each Disbursement this Period 3030.93 Transaction ID : SB17.5008
City Savannah State GA Zip Code 31406	Purpose of Disbursement Reimbursement of travel expenses Category/Type 002	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Joe McDonough		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address Ocean Lodge		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5017
City St. Simons State GA Zip Code 31522	Purpose of Disbursement In_Kind Donation of Lodging Category/Type 002	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Medical Association of GA		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 1849 The Exchange Suite 200		Amount of Each Disbursement this Period 1665.50 Transaction ID : SB17.5015
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Attendance at Conference Category/Type 003	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	4996.43
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 45 OF 49	
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. PayPal		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 1378.87 Transaction ID : SB17.5005
City San Jose State CA Zip Code 95131	Purpose of Disbursement expenses related to Fund Raising Category/Type 003	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. Savannah Special Events		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 1200 West Bay Street		Amount of Each Disbursement this Period 452.08 Transaction ID : SB17.5013
City Savannah State GA Zip Code 31415	Purpose of Disbursement Event related rentals Category/Type 007	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) c. Edward L Shapoff		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 26 Islanders Retreat		Amount of Each Disbursement this Period 352.33 Transaction ID : SB17.5007
City Savannah State GA Zip Code 31411	Purpose of Disbursement Computer software and related Category/Type 003	
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2183.28
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 46 OF 49	
	<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)
FRIENDS OF BOB JOHNSON, LLC

Full Name (Last, First, Middle Initial) A. US Post Office		Date of Disbursement
Mailing Address 330 Mall Blvd		M M / D D / Y Y Y Y 12 / 31 / 2013
City Savannah	State GA	Zip Code 31406
Purpose of Disbursement Post office expenses	Category/Type 003	Amount of Each Disbursement this Period 3236.80
Candidate Name FRIENDS OF BOB JOHNSON, LLC	Transaction ID : SB17.5010	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
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.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
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).....	3236.80
TOTAL This Period (last page this line number only).....	44316.89

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

NAME OF COMMITTEE (In Full) **FRIENDS OF BOB JOHNSON, LLC** Transaction ID : **SC/10.4218**

LOAN SOURCE Full Name (Last, First, Middle Initial) Dr. Robert Johnson	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 115 McIntosh Drive		

City	State	ZIP Code
Savannah	GA	31406

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 10 / Y 2013 Y	M M / D D / Y open Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	25000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4217

FRIENDS OF BOB JOHNSON, LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Dr. Robert Johnson

Primary

General

Other (specify) ▼

Mailing Address

115 McIntosh Drive

City

State

ZIP Code

Savannah

GA

31406

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40000.00

0.00

40000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

28

2013

open

open

0.00

% (apr)

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)..... ▶

40000.00

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF BOB JOHNSON, LLC** Transaction ID : **SC/10.4670**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Dr. Robert Johnson Primary
 Mailing Address 115 McIntosh Drive General
 Other (specify) ▼

City Savannah State GA ZIP Code 31406

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2013	1/1/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	5000.00
TOTALS This Period (last page in this line only).....	70000.00

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