

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

14 JUL 29 PM 1:35

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 FRIENDS OF NANCY MACE

ADDRESS (number and street) 295 SEVEN FARMS DRIVE SUITE C-186 CHARLESTON SC 29492

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00549295 3. IS THIS REPORT X NEW OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT SC 00

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M in the State of

5. Covering Period M M / D D Y Y Y 05 22 2014 through M M D D / Y Y 06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dan Backer

Signature of Treasurer Dan Backer

Dan Backer

Date

M M D D Y Y 07 15 2014

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

Table with 8 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

14020644742

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**FRIENDS OF NANCY MACE**

Report Covering the Period: From: <sup>M</sup> 05 <sup>D</sup> 22 <sup>Y</sup> 2014 To: <sup>M</sup> 06 <sup>D</sup> 30 <sup>Y</sup> 2014

	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)) ..	,	52633.34	,	750246.23
(b) Total Contribution Refunds (from Line 20(d)) ..	,	56148.00	,	62283.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	,	-3514.66	,	687963.23
7. Net Operating Expenditures				
(a) Total Operating Expenditures (from Line 17) ..		177573.22		674072.29
(b) Total Offsets to Operating Expenditures (from Line 14)...	,	0.00	,	2965.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	,	177573.22	,	671106.92
8. Cash on Hand at Close of Reporting Period (from Line 27)...	,	16856.31		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) ..	,	0.00		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) ..	,	0.00		

**For further information contact:**

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

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

14020644743

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**FRIENDS OF NANCY MACE**

Report Covering the Period: From: <sup>M M / D D</sup> 05 22 <sup>Y Y</sup> 2014 To: <sup>M M / D D</sup> 06 30 <sup>Y Y</sup> 2014

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)...	40033.13	482628.77
(ii) Unitemized .....	12600.21	258394.73
(iii) TOTAL of contributions from individuals	52633.34	741023.50
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	7000.00
(d) The Candidate .....	0.00	2222.73
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	52633.34	750246.23
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	2965.37
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)...	52633.34	753211.60

14020644744

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	177573.22	674072.29
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...	56148.00	62283.00
(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))...	56148.00	62283.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	233721.22	736355.29

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	197944.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	52633.34
25. SUBTOTAL (add Line 23 and Line 24)...	250577.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	233721.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	16856.31

14020644745

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

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

FOR LINE NUMBER: PAGE 5 OF 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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 NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M / D D Y Y 05 23 2014
A. Mailing Address City State Zip Code		Transaction ID : SA11AI.24199
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 584.00	

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M / D D Y Y 05 23 2014
B. Mailing Address City State Zip Code		Transaction ID : SA11AI.24200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 585.00	

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M / D D Y Y 05 23 2014
C. Mailing Address City State Zip Code		Transaction ID : SA11AI.24201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 586.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644746

**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 78

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M D D Y Y Y Y 05 23 2014
A. Mailing Address City State Zip Code		Transaction ID : SA11AI.24202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 1.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 587.00

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M D D Y Y Y Y 05 23 2014
B. Mailing Address City State Zip Code		Transaction ID : SA11AI.24203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 1.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 588.00

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M D D Y Y Y Y 05 23 2014
C. Mailing Address City State Zip Code		Transaction ID : SA11AI.24204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 1.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 589.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 3.00
<b>TOTAL</b> This Period (last page this line number only).....	, ,

14020644747

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

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

FOR LINE NUMBER: PAGE 7 OF 78  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

**A.** Full Name (Last, First, Middle Initial)  
**Anonymous**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D Y Y  
05 23 2014

Transaction ID : SA11AI.24205

Amount of Each Receipt this Period  
1.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M D D Y Y  
05 23 2014

Transaction ID : SA11AI.24219

Amount of Each Receipt this Period  
5.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M D D / Y Y  
05 23 2014

Transaction ID : SA11AI.24220

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional)..... 11.00

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

14020644740

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

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

FOR LINE NUMBER: PAGE 8 OF 78

(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
A. Mailing Address City State Zip Code		Transaction ID : SA11AI.24221
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 5.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 605.00

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
B. Mailing Address City State Zip Code		Transaction ID : SA11AI.24222
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 5.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 610.00

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2014
C. Mailing Address City State Zip Code		Transaction ID : SA11AI.24297
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 10.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	, , 620.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 20.00
<b>TOTAL</b> This Period (last page this line number only).....	, ,

14020644749



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

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

FOR LINE NUMBER: PAGE 9 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M D D Y Y Y Y 05 23 2014
A. Mailing Address		Transaction ID : SA11AI.24298
City	State Zip Code	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 630.00	

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M D D Y Y Y Y 05 23 2014
B. Mailing Address		Transaction ID : SA11AI.24299
City	State Zip Code	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 640.00	

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M / D D / Y Y Y Y 05 23 2014
C. Mailing Address		Transaction ID : SA11AI.24300
City	State Zip Code	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644750

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

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

FOR LINE NUMBER: PAGE 10 OF 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Anonymous</b>		Date of Receipt M M D D Y Y 05 23 2014	
Mailing Address		Transaction ID : SA11AI.24336	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		, , 20.00	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 670.00		
Full Name (Last, First, Middle Initial) <b>B. Anonymous</b>		Date of Receipt M M D D Y Y 05 23 2014	
Mailing Address		Transaction ID : SA11AI.24337	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		, , 20.00	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 690.00		
Full Name (Last, First, Middle Initial) <b>C. Anonymous</b>		Date of Receipt M M / D D / Y Y Y 05 23 2014	
Mailing Address		Transaction ID : SA11AI.24338	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		, , 20.00	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 710.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		, , 60.00	
<b>TOTAL</b> This Period (last page this line number only) .....		, ,	

14020644751

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

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

FOR LINE NUMBER: PAGE 11 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial)  
**Anonymous**

**A.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
712.00

Date of Receipt  
M M / D D / Y Y Y  
06 06 2014

Transaction ID : SA11AI.24206

Amount of Each Receipt this Period  
2.00

Full Name (Last, First, Middle Initial)  
**Anonymous**

**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
762.00

Date of Receipt  
M M / D D / Y Y Y  
06 06 2014

Transaction ID : SA11AI.24486

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**Anonymous**

**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
812.00

Date of Receipt  
M M / D D / Y Y Y  
06 06 2014

Transaction ID : SA11AI.24487

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... 102.00

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

14020644752

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

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

FOR LINE NUMBER: PAGE 12 OF 78  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Anonymous</b>		Date of Receipt M M / D D / Y Y Y 06 / 09 / 2014
A. Mailing Address		Transaction ID : SA11AI.24218
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , 5.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		, , 817.00

Full Name (Last, First, Middle Initial) <b>Angelo Antonucci</b>		Date of Receipt M M / D D / Y Y Y 06 / 03 / 2014
B. Mailing Address 1243 Links Road		Transaction ID : SA11AI.24594
City	State Zip Code	
Myrtle Beach	SC 29575	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		, , 600.00
Name of Employer	Occupation	
Angelo's Steak and Pasta	Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		, , 600.00

Full Name (Last, First, Middle Initial) <b>James Bagwell</b>		Date of Receipt M M / D D / Y Y Y 06 / 06 / 2014
C. Mailing Address 207 William St		Transaction ID : SA11AI.24526
City	State Zip Code	
Mt. Pleasant	SC 29464	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		, , 100.00
Name of Employer	Occupation	
RMH Inc	Sales	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		, , 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 705.00
<b>TOTAL</b> This Period (last page this line number only).....	, ,

14020644753

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

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

FOR LINE NUMBER: PAGE 13 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Frank Baio</b>		Date of Receipt M M / D D / Y Y Y 05 / 30 / 2014
A. Mailing Address 1810 W 7th St		Transaction ID : SA11AI.24566
City Brooklyn	State NY	Zip Code 11223
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
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>Paula Baker</b>		Date of Receipt M M / D D / Y Y Y 05 / 23 / 2014
B. Mailing Address 36 Lake Forest Drive		Transaction ID : SA11AI.24606
City Spartanburg	State SC	Zip Code 29302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
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>Karen Ballard</b>		Date of Receipt M M / D D / Y Y Y 06 / 02 / 2014
C. Mailing Address 100 Dunbar St., Ste. 300		Transaction ID : SA11AI.24549
City Spartanburg	State SC	Zip Code 29306
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer FabricSmith	Occupation owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644754

**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 78
<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 NANCY MACE**

Full Name (Last, First, Middle Initial) <b>jim barnes</b>		Date of Receipt M M D D Y Y 05 30 2014	
Mailing Address 201 E. Camperdown Way		Transaction ID : SA11AI.24579	
City Greenville	State SC	Zip Code 29601	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ameriprise Financial Franchise	Occupation Financial Advisor		
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>Richard Bastin</b>		Date of Receipt M M D D / Y Y 05 30 2014	
Mailing Address 486 Mariner Dr		Transaction ID : SA11AI.24601	
City Jupiter	State FL	Zip Code 33477	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>Thomas Berry</b>		Date of Receipt M M D D Y Y 05 30 2014	
Mailing Address 1943 Pierce St		Transaction ID : SA11AI.24565	
City Charleston	State SC	Zip Code 29492	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644755

**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)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Paul Breed</b>		Date of Receipt
Mailing Address 712 E Solan Circle		M M / D D Y Y 05 23 2014
City	State	Zip Code
Solana Beach	CA	92075
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : SA11AI.24584
Name of Employer		Amount of Each Receipt this Period
Occupation		500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		1500.00

Full Name (Last, First, Middle Initial) <b>Gwen Bunton</b>		Date of Receipt
Mailing Address 2439 Wolfe Creak Road		M M / D D Y Y 05 29 2014
City	State	Zip Code
Walterboro	SC	29488
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : SA11AI.24534
Name of Employer		Amount of Each Receipt this Period
Occupation		200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		400.00

Full Name (Last, First, Middle Initial) <b>Lynn Burton</b>		Date of Receipt
Mailing Address 491 Connecticut Avenue		M M / D D Y Y 05 31 2014
City	State	Zip Code
Spartanburg	SC	29302
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : SA11AI.22954
Name of Employer		Amount of Each Receipt this Period
Occupation		1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644756

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Marc Carella</b>		Date of Receipt M M / D D Y Y Y Y 05 22 2014
Mailing Address 2976 Solomons Island Rd		Transaction ID : SA11AI.24586
City Edgewater	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer self	Occupation insurance	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	1105.00

Full Name (Last, First, Middle Initial) <b>B. EARL CARSON</b>		Date of Receipt M M D D Y Y Y Y 06 03 2014
Mailing Address 301 NORTH BROAD ST.		Transaction ID : SA11AI.24545
City MONROE	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	250.00
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>C. Larry Chapsims</b>		Date of Receipt M M D D Y Y Y Y 05 29 2014
Mailing Address 102 Roberts Farm Road		Transaction ID : SA11AI.24551
City Simpsonville	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Palmetto Data Systems	Occupation President	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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644757



**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)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>James Clarkson</b>		Date of Receipt M M D D Y Y 05 22 2014	
Mailing Address 1370 Walcora Dr		<b>Transaction ID : SA11AI.24520</b>	
City Sumter	State SC	Zip Code 29150	Amount of Each Receipt this Period  100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Engineer	Occupation Self		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  400.00	

Full Name (Last, First, Middle Initial) <b>James Clarkson</b>		Date of Receipt M M D D Y Y 06 02 2014	
Mailing Address 1370 Walcora Dr		<b>Transaction ID : SA11AI.24513</b>	
City Sumter	State SC	Zip Code 29150	Amount of Each Receipt this Period  100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Engineer	Occupation Self		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  500.00	

Full Name (Last, First, Middle Initial) <b>Hal Cobb</b>		Date of Receipt M M D D Y Y 06 04 2014	
Mailing Address 1240 Winoing Way Suite 102		<b>Transaction ID : SA11AI.24577</b>	
City Mount Pleasant	State SC	Zip Code 29466	Amount of Each Receipt this Period  500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cobb, Dill and Hammond	Occupation Partner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020644758

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Ronald Cole</b>		Date of Receipt M M D D Y Y Y 06 03 2014	
Mailing Address 45 Esopus Ave		Transaction ID : SA11AI.24431	
City State Zip Code Ulster Park NY 12487	Amount of Each Receipt this Period , , 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 365.00	
Name of Employer Occupation Retired System Prog	Election Cycle-to-Date , , 365.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Full Name (Last, First, Middle Initial) <b>Ronald Cole</b>		Date of Receipt M M D D Y Y Y Y 06 09 2014	
Mailing Address 45 Esopus Ave		Transaction ID : SA11AI.24430	
City State Zip Code Ulster Park NY 12487	Amount of Each Receipt this Period , , 35.00		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 400.00	
Name of Employer Occupation Retired System Prog	Election Cycle-to-Date , , 400.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Full Name (Last, First, Middle Initial) <b>Vicki W Cook</b>		Date of Receipt M M D D Y Y 06 06 2014	
Mailing Address PO Box 1345		Transaction ID : SA11AI.24591	
City State Zip Code Frostproof FL 32953	Amount of Each Receipt this Period , , 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 1500.00	
Name of Employer Occupation Cook Mfg Group Inc. Business Owner	Election Cycle-to-Date , , 1500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>SUBTOTAL</b> of Receipts This Page (optional).....		, , 570.00	
<b>TOTAL</b> This Period (last page this line number only).....		, ,	

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

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

FOR LINE NUMBER: PAGE 19 OF 78

(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Chris Cooper</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2014		
A. Mailing Address 750 Leafwood Road			Transaction ID : SA11AI.24376		
City Charleston	State SC	Zip Code 29412	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Arterial Health, Intl		Occupation Marketing			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 212.00			

Full Name (Last, First, Middle Initial) <b>Chris Cramer</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2014		
B. Mailing Address 984 Meadow Lakes Rd			Transaction ID : SA11AI.24977		
City Rock Hill	State SC	Zip Code 29732	Amount of Each Receipt this Period 34.13		
FEC ID number of contributing federal political committee. C			In-kind - Food for Volunteers		
Name of Employer Christopher L. Cramer, CPA		Occupation CPA			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 284.13			

Full Name (Last, First, Middle Initial) <b>TR Culler</b>			Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2014		
C. Mailing Address 205 First St PO Box 603			Transaction ID : SA11AI.24603		
City Cameron	State SC	Zip Code 29030	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	659.13
<b>TOTAL</b> This Period (last page this line number only).....	

14020644760

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

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

FOR LINE NUMBER: PAGE 20 OF 78

(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Nell Daniels</b>		Date of Receipt M M / D D / Y Y 05 / 27 / 2014	
A. Mailing Address PO Box 250		Transaction ID : SA11AI.24556	
City Awendaw	State SC	Zip Code 29429	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 employed	Occupation Self employed	Election Cycle-to-Date  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) <b>Ronald Davis</b>		Date of Receipt M M / D D / Y Y 05 / 23 / 2014	
B. Mailing Address PO Box 781690		Transaction ID : SA11AI.24535	
City Wichita	State KS	Zip Code 67287	Amount of Each Receipt this Period  200.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  200.00	
Name of Employer None	Occupation	Election Cycle-to-Date  450.00	
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>Ronald Davis</b>		Date of Receipt M M / D D / Y Y Y 06 / 06 / 2014	
C. Mailing Address PO Box 781690		Transaction ID : SA11AI.24483	
City Wichita	State KS	Zip Code 67287	Amount of Each Receipt this Period  50.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period  500.00	
Name of Employer None	Occupation	Election Cycle-to-Date  500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020644761

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

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

FOR LINE NUMBER: PAGE 21 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Druscilla Doehraman</b>		Date of Receipt	
Mailing Address <b>PO Box 2165</b>		M M / D D / Y Y 05 / 31 / 2014	
City	State	Zip Code	<b>Transaction ID : SA11AI.24550</b>
Naples	FL	34106	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer Retired		Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	
		250.00	

Full Name (Last, First, Middle Initial) <b>Tyler B. Dunlap</b>		Date of Receipt	
Mailing Address <b>1770 Camden Highway</b>		M M / D D / Y Y 06 / 09 / 2014	
City	State	Zip Code	<b>Transaction ID : SA11AI.24602</b>
Sumter	SC	29153	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	
		2600.00	

Full Name (Last, First, Middle Initial) <b>James T. Dyke</b>		Date of Receipt	
Mailing Address <b>17 Legare Street</b>		M M / D D / Y Y Y 05 / 29 / 2014	
City	State	Zip Code	<b>Transaction ID : SA11AI.24581</b>
Charleston	SC	29401	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	
		1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020644762

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

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

FOR LINE NUMBER: PAGE 22 OF 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Lisa Emeott</b>		Date of Receipt M M / D D / Y Y Y 06 / 03 / 2014	
A. Mailing Address 5608 Silentbrook Ln		Transaction ID : SA11AI.24282	
City Rolling Meadows	State IL	Zip Code 60008	Amount of Each Receipt this Period  10.00
FEC ID number of contributing federal political committee. <b>C</b>		Election Cycle-to-Date  312.00	
Name of Employer None	Occupation Accountant, Currently Not Working		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>Chalmers Ensminger</b>		Date of Receipt M M / D D / Y Y Y 06 / 03 / 2014	
B. Mailing Address 563 Pensinger Rd.		Transaction ID : SA11AI.24547	
City Greencastle	State PA	Zip Code 17225	Amount of Each Receipt this Period  250.00
FEC ID number of contributing federal political committee. <b>C</b>		Election Cycle-to-Date  350.00	
Name of Employer self-retired	Occupation MD		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>Lynne Falatok</b>		Date of Receipt M M / D D / Y Y Y 05 / 27 / 2014	
C. Mailing Address 1 Yeamans Hall Court		Transaction ID : SA11AI.21669	
City Spartanburg	State SC	Zip Code 29306	Amount of Each Receipt this Period  1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Election Cycle-to-Date  1000.00	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , *	1260.00
<b>TOTAL</b> This Period (last page this line number only).....	, , *	

14020644763

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

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

FOR LINE NUMBER: PAGE 23 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Lawrence Fargher</b>		Date of Receipt	
Mailing Address 830 Kiely Blvd. #200		M M / D D Y Y 06 05 2014	
City	State	Zip Code	<b>Transaction ID : SA11AI.24508</b>
Santa Clara	CA	95051	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer	Occupation	, , 100.00	
Realcom Associates ( Self)	Realtor		
Receipt For: 2014		Election Cycle-to-Date	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		, , 400.00	
<input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>Paul Ferreira</b>		Date of Receipt	
Mailing Address 101 West End Avenue #25f		M M / D D Y Y 05 22 2014	
City	State	Zip Code	<b>Transaction ID : SA11AI.24587</b>
New York	MA	02116-0000	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer	Occupation	, , 500.00	
Receipt For: 2014		Election Cycle-to-Date	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		, , 1000.00	
<input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>Cory Fleming</b>		Date of Receipt	
Mailing Address 113 S Hermitage		M M / D D Y Y 05 23 2014	
City	State	Zip Code	<b>Transaction ID : SA11AI.24557</b>
Beaufort	SC	29902	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer	Occupation	, , 250.00	
Self PO Drawer 507 Beaufort SC 29901	attorney		
Receipt For: 2014		Election Cycle-to-Date	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		, , 250.00	
<input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 850.00
<b>TOTAL</b> This Period (last page this line number only).....	, , .

14020644764

**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)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY, MACE**

Full Name (Last, First, Middle Initial) <b>William Foreman</b>		Date of Receipt M M D D Y Y Y 06 08 2014
A. Mailing Address 6635 Pocahontas Trail		Transaction ID : SA11AI.24499
City Providence Forge	State VA	Zip Code 23140
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  100.00
Name of Employer Program Manager	Occupation G4S ITI	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  400.00	

Full Name (Last, First, Middle Initial) <b>Charles Fowler</b>		Date of Receipt M M D D Y Y Y 05 28 2014
B. Mailing Address 249 Springside Road		Transaction ID : SA11AI.24582
City Longwood	State FL	Zip Code 32779
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  500.00
Name of Employer Global Procurement Solutions Inc	Occupation President	
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>Richard Francis</b>		Date of Receipt M M D D Y Y Y 05 23 2014
C. Mailing Address PO Box 540580		Transaction ID : SA11AI.24573
City Omaha	State NE	Zip Code 68154
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  400.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020644765



**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 78	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Hector Garcia</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 214 Keystone dr		Transaction ID : SA11AI.24541
City river Forest	State IL	Zip Code 60305
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Eloisa Garcia	Occupation Dentist	
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>B. Matthew Gilley</b>		Date of Receipt M M / D D / Y Y 05 / 22 / 2014
Mailing Address 103 Williamsburg Drive		Transaction ID : SA11AI.24559
City Spartanburg	State SC	Zip Code 29302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer FordHarrison LLP	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Abraham Goldfarb</b>		Date of Receipt M M / D D / Y Y 06 / 06 / 2014
Mailing Address 2621 Seabrook Island Rd		Transaction ID : SA11AI.24568
City Seabrook Island	State SC	Zip Code 29455
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644766

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

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

FOR LINE NUMBER: PAGE 26 OF 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Vincent Graham</b>		Date of Receipt	
Mailing Address <b>414 Whilden St</b>		M M D D Y Y Y Y 06 06 2014	
City	State	Zip Code	<b>Transaction ID : SA11AI.24567</b>
Mount Pleasant	SC	29464	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer		Occupation	
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>John Grinalds</b>		Date of Receipt	
Mailing Address <b>PO Box 2635</b>		M M D D Y Y Y Y 05 23 2014	
City	State	Zip Code	<b>Transaction ID : SA11AI.24563</b>
Cashiers	NC	28717	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer		Occupation	
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>George E. Ham</b>		Date of Receipt	
Mailing Address <b>4304 South Mills Street</b>		M M D D Y Y Y Y 06 09 2014	
City	State	Zip Code	<b>Transaction ID : SA11AI.24593</b>
Independence	MO	64055	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	
		, , 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 1000.00
<b>TOTAL</b> This Period (last page this line number only).....	, , .

14020644767

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

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

FOR LINE NUMBER: PAGE 27 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Allen Hanna</b>		Date of Receipt M M D D Y Y Y 05 31 2014
A. Mailing Address 153 Sprig Lane		Transaction ID : SA11AI.24597
City Murrells Inlet	State SC	Zip Code 29576
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Port City Homes	Occupation Homebuilder	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	600.00

Full Name (Last, First, Middle Initial) <b>Lyn Harrell</b>		Date of Receipt M M D D / Y Y Y 05 31 2014
B. Mailing Address 1201 Sharon Ave.		Transaction ID : SA11AI.24515
City Marion	State SC	Zip Code 29571
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Police Officer	Occupation Retired	
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>Mike And Laura Harris</b>		Date of Receipt M M D D Y Y Y 05 28 2014
C. Mailing Address 24 Dimmock Road		Transaction ID : SA11AI.24317
City Waterford	State CT	Zip Code 06385-0000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	515.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	715.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644768

**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 78
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
<input type="checkbox"/> 14	<input type="checkbox"/> 11d
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>William Hartzog</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014
A. Mailing Address 9430 Sunnyfield Court		Transaction ID : SA11AI.24548
City Potomac	State ME	Zip Code 20854
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	250.00

Full Name (Last, First, Middle Initial) <b>Robert Hatcher</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2014
B. Mailing Address 4 Belvue Road		Transaction ID : SA11AI.24514
City Charleston	State SC	Zip Code 29407
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	350.00

Full Name (Last, First, Middle Initial) <b>Charles Hess</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2014
C. Mailing Address 70 Kendall Drive		Transaction ID : SA11AI.24038
City Ringwood	State NJ	Zip Code 07456-0000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Cb&I	Occupation Nuclear Engineer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644769

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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

**A.** Full Name (Last, First, Middle Initial)  
**Clyde Hiers**

Mailing Address 225 seven farms dr, suite 202

City Charleston State SC Zip Code 29492

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

Name of Employer Clyde hiers, CPA, PA Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 , , 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 22 2014

Transaction ID : SA11AI.24588

Amount of Each Receipt this Period  
 , , 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Hinson**

Mailing Address P O Box 19626

City Birmingham State AL Zip Code 35219

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

Name of Employer Self Employed Occupation Cpa

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 , , 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 05 2014

Transaction ID : SA11AI.24507

Amount of Each Receipt this Period  
 , , 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Bruce Holstein**

Mailing Address 1115 Woodburn Road

City Spartanburg State SC Zip Code 29302

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

Name of Employer Spartanburg Health Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 , , 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 05 2014

Transaction ID : SA11AI.22968

Amount of Each Receipt this Period  
 , , 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2100.00

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

14020644770

**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)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Ian O Huebsch</b>		Date of Receipt M M D D / Y Y Y Y 05 23 2014
Mailing Address <b>PO Box 1137</b>		Transaction ID : <b>SA11AI.24490</b>
City <b>El Cerrito</b>	State <b>CA</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>75.00</b>
Name of Employer <b></b>	Occupation <b>Retired</b>	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>225.00</b>	

Full Name (Last, First, Middle Initial) <b>Jim Johnson</b>		Date of Receipt M M D D / Y Y Y Y 05 22 2014
Mailing Address <b>P.O. Box 1144</b>		Transaction ID : <b>SA11AI.24569</b>
City <b>Troy</b>	State <b>MT</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer <b>chl or rid</b>	Occupation <b>marketing</b>	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>625.00</b>	

Full Name (Last, First, Middle Initial) <b>Jim Johnson</b>		Date of Receipt M M D D / Y Y Y Y 06 06 2014
Mailing Address <b>P.O. Box 1144</b>		Transaction ID : <b>SA11AI.24542</b>
City <b>Troy</b>	State <b>MT</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>chl or rid</b>	Occupation <b>marketing</b>	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>875.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , .	<b>625.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	, , .	

14020644771

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

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

FOR LINE NUMBER: PAGE 31 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Mary Jane Johnston</b>		Date of Receipt M M / D D / Y Y Y 06 / 04 / 2014	
A. Mailing Address 2818 Hunters Run		Transaction ID : SA11AI.22959	
City Florence	State SC	Zip Code 29505	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gilbert and Fields Constructio	Occupation Chief Financial Office		
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>David Keyston</b>		Date of Receipt M M / D D / Y Y Y 05 / 30 / 2014	
B. Mailing Address PO Box 7066		Transaction ID : SA11AI.24600	
City Carmel	State CA	Zip Code 93921	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	600.00	

Full Name (Last, First, Middle Initial) <b>Bernard Koether</b>		Date of Receipt M M / D D / Y Y Y 05 / 22 / 2014	
C. Mailing Address 757 SE 17th street suite 1074		Transaction ID : SA11AI.24585	
City Fort Lauderdale	State FL	Zip Code 33316	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

1402064472

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

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

FOR LINE NUMBER: PAGE 32 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Nathan Lausch</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 1643B Savannah Highway, #219		Transaction ID : SA11AI.24604
City Charleston	State SC	Zip Code 29407
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Gulf Stream	Occupation Project Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	1800.00

Full Name (Last, First, Middle Initial) <b>B. Woodrow Long</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 1570 Huntingdon Trail		Transaction ID : SA11AI.24540
City Atlanta	State GA	Zip Code 30350
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bus Dev	Occupation Qualcomm	
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>C. Allison Love</b>		Date of Receipt M M / D D / Y Y 06 / 07 / 2014
Mailing Address 224 Wood Duck Rd		Transaction ID : SA11AI.24979
City Columbia	State SC	Zip Code 29223
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 190.00
Name of Employer Allison, Dean, Love Comm	Occupation Consultant	In-kind - Hair and Makeup
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	1190.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1190.00
<b>TOTAL</b> This Period (last page this line number only) .....	

1402064473



**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 78	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Guy Mabee</b>		Date of Receipt M M / D D Y Y Y 05 24 2014
Mailing Address 2555 Stagecoach Trail		Transaction ID : SA11AI.24598
City Gordon	State TX	Zip Code 76453
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. Jennings McAbee</b>		Date of Receipt M M / D D Y Y Y Y 06 05 2014
Mailing Address 121 Petigru Cir		Transaction ID : SA11AI.24975
City McCormick	State SC	Zip Code 29835
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer	Occupation	In-kind - Newspaper Ad
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 580.00	

Full Name (Last, First, Middle Initial) <b>C. Gregory McNece</b>		Date of Receipt M M / D D / Y Y 05 28 2014
Mailing Address P.O. Box 1830		Transaction ID : SA11AI.24538
City Davis	State CA	Zip Code 95617
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Property Management	Occupation Davisville Properties, Inc.	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	930.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644774

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

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

FOR LINE NUMBER: PAGE 34 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Dennis Michaelis</b>		Date of Receipt M M / D D / Y Y Y 05 / 28 / 2014
Mailing Address 239 Midland Drive		Transaction ID : SA11AI.24553
City State Zip Code Graniteville SC 29829	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Self Employed	
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>Jim Mollica</b>		Date of Receipt M M / D D / Y Y Y 05 / 22 / 2014
Mailing Address 540 New River Parkway		Transaction ID : SA11AI.21653
City State Zip Code Hardeeville SC 29927	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Hilton head Lexus	Occupation COO	
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>William Moser</b>		Date of Receipt M M / D D / Y Y Y 05 / 29 / 2014
Mailing Address 150 Harbor Glen Drive		Transaction ID : SA11AI.24580
City State Zip Code Lexington SC 29072	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Self employed	Occupation Self employed	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644775

**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 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Beverley Munford III</b>		Date of Receipt M M / D D Y Y Y 05 28 2014	
Mailing Address P.O.Box 85678		Transaction ID : SA11AI.24492	
City Richmond	State VA	Zip Code 23285	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Stock Broker	Occupation Davenport & Co.		
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>Artmaus Nichols</b>		Date of Receipt M M / D D Y Y Y 05 30 2014	
Mailing Address 1620 Dennis Blvd		Transaction ID : SA11AI.24570	
City Moncks Corner	State SC	Zip Code 29461	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
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>Elizabeth M. Oleson</b>		Date of Receipt M M / D D Y Y Y 05 30 2014	
Mailing Address 807 4th Street		Transaction ID : SA11AI.24571	
City Kalona	State IA	Zip Code 52247	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

1402064776

**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 78	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Paula Painter</b>		Date of Receipt M M / D D Y Y Y 05 28 2014	
Mailing Address 139 Deer Ridge Ln		Transaction ID : SA11AI.24320	
City Hendersonville	State TN	Zip Code 37075	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 240.00		

Full Name (Last, First, Middle Initial) <b>George Pfaff</b>		Date of Receipt M M / D D Y Y Y 05 30 2014	
Mailing Address 16 Salisbury Dr Apt 7118		Transaction ID : SA11AI.24605	
City Asheville	State NC	Zip Code 28903	Amount of Each Receipt this Period 800.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1800.00		

Full Name (Last, First, Middle Initial) <b>Mark Plummer</b>		Date of Receipt M M / D D Y Y Y 06 06 2014	
Mailing Address 2201 North Central Expressway Suit		Transaction ID : SA11AI.22971	
City Richardson	State TX	Zip Code 75050	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer President	Occupation Chestnut Petroleum		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1815.00
<b>TOTAL</b> This Period (last page this line number only) .....	

1402064477

**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 78	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Donald Plunkett</b>		Date of Receipt M M / D D Y Y Y Y 06 09 2014
A. Mailing Address 6065 Lake Forrest Dr Suite 100		Transaction ID : SA11AI.24592
City Atlanta	State GA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer Plunkett Commercial Properties		, , 500.00
Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		, , 2000.00
Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) <b>Brian Poi</b>		Date of Receipt M M / D D Y Y Y Y 05 24 2014
B. Mailing Address 235 Cloud Pl		Transaction ID : SA11AI.24583
City West Chester	State PA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer Moody's Corporation		, , 500.00
Occupation Economist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		, , 750.00
Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) <b>James C Rawl</b>		Date of Receipt M M / D D Y Y Y Y 05 23 2014
C. Mailing Address 747 Calks Ferry Rd		Transaction ID : SA11AI.24590
City Lexington	State SC	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer Rawl Farms		, , 500.00
Occupation Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		, , 500.00
Election Cycle-to-Date		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 1500.00
<b>TOTAL</b> This Period (last page this line number only).....	, , .

1402064478

**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 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Aubrey Reeves</b>		Date of Receipt M M / D D Y Y 06 09 2014	
Mailing Address P.O. Box 147		<b>Transaction ID : SA11AI.24536</b>	
City Sheldon    State SC    Zip Code 29941	Amount of Each Receipt this Period , , 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		, , .	
Name of Employer Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date , , .900.00	, , .	

Full Name (Last, First, Middle Initial) <b>B. Jay Reynolds</b>		Date of Receipt M M / D D Y Y Y 06 06 2014	
Mailing Address 1230FM112		<b>Transaction ID : SA11AI.24378</b>	
City Lexington    State TX    Zip Code 78947	Amount of Each Receipt this Period , , 25.00		
FEC ID number of contributing federal political committee. <b>C</b>		, , .	
Name of Employer Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date , , 240.00	, , .	

Full Name (Last, First, Middle Initial) <b>C. Clifford Ribner</b>		Date of Receipt M M / D D Y Y 06 05 2014	
Mailing Address 320 South Boston, Ste. 1130		<b>Transaction ID : SA11AI.24505</b>	
City Tulsa    State OK    Zip Code 74103	Amount of Each Receipt this Period , , 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		, , .	
Name of Employer Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date , , 450.00	, , .	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 325.00
<b>TOTAL</b> This Period (last page this line number only).....	, , .

14020644779

**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 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>John Rocovich</b>		Date of Receipt M M / D D / Y Y 05 / 23 / 2014
Mailing Address 5264 Falcon Ridge Road, SW		Transaction ID : SA11AI.21658
City Roanoke	State VA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 1000.00
Name of Employer Moss and Rocovich	Occupation Attorney	, , 1000.00
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>Norman Rogers</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 3750 Las Vegas Blvd South Unit 350		Transaction ID : SA11AI.24574
City Las Vegas	State NV	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 500.00
Name of Employer Retired	Occupation Retired	, , 500.00
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>Leslie Rose</b>		Date of Receipt M M / D D / Y Y 06 / 04 / 2014
Mailing Address 330 South Ocean Blvd Apt 3B		Transaction ID : SA11AI.24576
City Palm Beach	State FL	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 500.00
Name of Employer	Occupation	, , 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 2000.00
<b>TOTAL</b> This Period (last page this line number only).....	, , .

14020644780

**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 40 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>William Rutledge</b>		Date of Receipt M M D D Y Y 06 06 2014
A. Mailing Address 5109 Madison Creek Dr		Transaction ID : SA11AI.24572
City Fort Collins	State CO	Zip Code 80528
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

Full Name (Last, First, Middle Initial) <b>Greg Scheinert</b>		Date of Receipt M M D D Y Y 05 23 2014
B. Mailing Address 109 Woodland Cir		Transaction ID : SA11AI.24562
City Birmingham	State AL	Zip Code 35173
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
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>Barry Schlech</b>		Date of Receipt M M / D D / Y Y 05 22 2014
C. Mailing Address 3550 Country Vista Drive		Transaction ID : SA11AI.24560
City Burleson	State TX	Zip Code 76028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Dr.	Occupation Dr.	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644781



**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 41 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY, MACE**

Full Name (Last, First, Middle Initial) <b>Janet Scott</b>		Date of Receipt M M D D Y Y 05 23 2014
Mailing Address 1500 E Manor Dr		<b>Transaction ID : SA11AI.24589</b>
City Lincoln	State NE      Zip Code 68506	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
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>Robert Sexton</b>		Date of Receipt M M D D Y Y 05 29 2014
Mailing Address 224 North 36th Avenue		<b>Transaction ID : SA11AI.24552</b>
City Yakima	State WA      Zip Code 98902	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Galanda Broadman	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Edward Smith</b>		Date of Receipt M M D D / Y Y Y 06 09 2014
Mailing Address 6109 Stonehaven Dr		<b>Transaction ID : SA11AI.24059</b>
City Nashville	State TN      Zip Code 37216	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644782

**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 42 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Karl Smith</b>			Date of Receipt M M / D D Y Y 06 10 2014		
Mailing Address 2320 Cherry Lane			Transaction ID : SA11AI.24264		
City Florissant	State MO	Zip Code 63033	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer Disabled		Occupation Disabled			
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>Stanley Spolski</b>			Date of Receipt M M / D D Y Y Y Y 06 02 2014		
Mailing Address PO Box 904			Transaction ID : SA11AI.24465		
City Commack	State CO	Zip Code 81506	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer Retired from New York Power Authority		Occupation Annoying and defeating Progressives, L			
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>David Stamm</b>			Date of Receipt M M / D D / Y Y 05 28 2014		
Mailing Address 9009 Maritime Ct			Transaction ID : SA11AI.24554		
City Springfield	State VA	Zip Code 22153	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer MCR LLC		Occupation Director			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1060.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644783

**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)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Joseph Steiger</b>		Date of Receipt M M / D D / Y Y Y 06 / 09 / 2014
A. Mailing Address 1050 Beverly Way		Transaction ID : SA11AI.24497
City Altadena	State CA	Zip Code 91001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer BILLER	Occupation MRS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	600.00

Full Name (Last, First, Middle Initial) <b>Dale Stuart</b>		Date of Receipt M M / D D / Y Y Y 06 / 03 / 2014
B. Mailing Address 213 W Monroe Ave Ste D		Transaction ID : SA11AI.24578
City Lowell	State AR	Zip Code 72745
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	750.00

Full Name (Last, First, Middle Initial) <b>Berlin Stuckart</b>		Date of Receipt M M / D D / Y Y Y 05 / 27 / 2014
C. Mailing Address 40 Brams Point Road		Transaction ID : SA11AI.24555
City Hilton Head Island	State SC	Zip Code 29926
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Merrill Lynch	Occupation Financial Advisor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644784

**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 44 OF 78	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>J. Elliott Summey</b>		Date of Receipt M M D D Y Y 05 27 2014	
Mailing Address 230 Seven Farms Drive		<b>Transaction ID : SA11AI.21673</b>	
City Daniel Island	State SC	Zip Code 29492	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer South Carolina Consulting, LLC	Occupation Real Estate Developer		
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>Raymond Suter</b>		Date of Receipt M M D D Y Y 05 29 2014	
Mailing Address 7010 Nw 95ave		<b>Transaction ID : SA11AI.24448</b>	
City Tamarac	State FL	Zip Code 33321	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer retired	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00		

Full Name (Last, First, Middle Initial) <b>Raymond Suter</b>		Date of Receipt M M / D D / Y Y 06 07 / 2014	
Mailing Address 7010 Nw 95ave		<b>Transaction ID : SA11AI.24454</b>	
City Tamarac	State FL	Zip Code 33321	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer retired	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644785

**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 45 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. David Sweeney</b>		Date of Receipt M M D D Y Y Y Y 05 28 2014	
Mailing Address 140 w. 6th st.		Transaction ID : SA11AI.24347	
City Baird	State TX	Zip Code 79504	Amount of Each Receipt this Period , , 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation noyb		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 225.00	

Full Name (Last, First, Middle Initial) <b>B. maurice talbot</b>		Date of Receipt M M D D Y Y Y Y 06 09 2014	
Mailing Address 144 weyants lane		Transaction ID : SA11AI.24153	
City newburgh	State NY	Zip Code 12550	Amount of Each Receipt this Period , , 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer retired	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 300.00	

Full Name (Last, First, Middle Initial) <b>C. karen tyner</b>		Date of Receipt M M D D Y Y Y Y 06 05 2014	
Mailing Address 106 williamsburg drive		Transaction ID : SA11AI.24544	
City spartanburg	State SC	Zip Code 29302	Amount of Each Receipt this Period , , 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ford harrison	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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 375.00
<b>TOTAL</b> This Period (last page this line number only).....	, ,

14020644786

**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 46 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Ted Uihlein</b>		Date of Receipt M M D D Y Y 06 05 2014	
Mailing Address 2407 Whitehall Manor		Transaction ID : SA11AI.24543	
City Lawrence	State KS	Zip Code 66049-3912	Amount of Each Receipt this Period  , , 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer investor	Occupation self		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  , , 750.00		

Full Name (Last, First, Middle Initial) <b>B. John B. Valerius</b>		Date of Receipt M M D D Y Y 05 23 2014	
Mailing Address 1909 Carterbury Street		Transaction ID : SA11AI.24478	
City Irving	State TX	Zip Code 75062	Amount of Each Receipt this Period  , , 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  , , 750.00		

Full Name (Last, First, Middle Initial) <b>C. John B. Valerius</b>		Date of Receipt M M D D Y Y 05 23 2014	
Mailing Address 1909 Canterbury Street		Transaction ID : SA11AI.24564	
City Irving	State TX	Zip Code 75062	Amount of Each Receipt this Period  , , 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  , , 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 550.00
<b>TOTAL</b> This Period (last page this line number only).....	, ,

14020644787

**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 47 OF 78				
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15					

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Chris VanGeison</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 4 Dunsmuir		Transaction ID : SA11AI.22952	
City Bluffton	State SC	Zip Code 29910	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Owner	Occupation VanGeison Construction		
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>George Waters</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 412 Rice Hope Dr		Transaction ID : SA11AI.24595	
City Mount Pleasant	State SC	Zip Code 29464	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	1600.00	

Full Name (Last, First, Middle Initial) <b>Mark Webster</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2014	
Mailing Address 1517 Lynton St.		Transaction ID : SA11AI.24539	
City Charleston	State SC	Zip Code 29412	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1850.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644788

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

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

FOR LINE NUMBER: PAGE 48 OF 78

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Wilson		Date of Receipt M M D D Y Y Y Y 05 22 2014	
Mailing Address 4040 Sadler Dr		Transaction ID : SA11AI.24407	
City State Zip Code Suffolk VA 23434	Amount of Each Receipt this Period , , . 25.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , . 321.00	
Name of Employer Occupation Raytheon retired	Receipt For: 2014 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>B.</b> Full Name (Last, First, Middle Initial) Scott Wizeman		Date of Receipt M M D D Y Y 06 03 2014	
Mailing Address 3260 Townsend Drive		Transaction ID : SA11AI.24546	
City State Zip Code Dallas TX 75229	Amount of Each Receipt this Period , , . 250.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , . 850.00	
Name of Employer Occupation Primelending, A Plainscapital Company Banker	Receipt For: 2014 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>C.</b> Full Name (Last, First, Middle Initial) Louis Woodhill		Date of Receipt M M D D / Y Y 06 04 2014	
Mailing Address 7 Hampton Ct		Transaction ID : SA11AI.24575	
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period , , . 500.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , . 2000.00	
Name of Employer Occupation Digabit, Inc. Director	Receipt For: 2014 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		, , . 775.00	
<b>TOTAL</b> This Period (last page this line number only).....		, , .	

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**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 49 OF 78
<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 NANCY MACE**

Full Name (Last, First, Middle Initial) <b>Barry Wynn</b>		Date of Receipt M M / D D Y Y 06 / 04 2014	
Mailing Address 138 Turnberry Dr		Transaction ID : SA11AI.22961	
City Spartanburg	State SC	Zip Code 29302	Amount of Each Receipt this Period  1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Colonial Trust Company	Occupation Owner		Amount of Each Receipt this Period  1000.00
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>Leo Yakutis</b>		Date of Receipt M M / D D Y Y Y 05 / 22 2014	
Mailing Address 134 Spinnaker Bay Lane		Transaction ID : SA11AI.24558	
City Lake Wylie	State SC	Zip Code 29710	Amount of Each Receipt this Period  250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Humint Group International	Occupation Consultant		Amount of Each Receipt this Period  665.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  665.00		

Full Name (Last, First, Middle Initial)		Date of Receipt M M / Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	40033.13

14020644790

**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)

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<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 NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Active Engagement</b>		Date of Disbursement M M D D / Y Y Y 05 27 2014
Mailing Address 44084 Riverside Parkway Suite 350		Amount of Each Disbursement this Period  500.00 Transaction ID : SB17.24864
City Lansdowne State VA Zip Code 20176		
Purpose of Disbursement outbound Messaging and Advocacy	Candidate Name  003 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Active Engagement</b>		Date of Disbursement M M D D / Y Y Y 06 14 2014
Mailing Address 44084 Riverside Parkway Suite 350		Amount of Each Disbursement this Period  545.00 Transaction ID : SB17.24865
City Lansdowne State VA Zip Code 20176		
Purpose of Disbursement outbound Messaging and Advocacy	Candidate Name  003 Category/ Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Alex Allman</b>		Date of Disbursement M M D D / Y Y Y 06 06 2014
Mailing Address 1911 Brookstone Way Apt. 204		Amount of Each Disbursement this Period  200.00 Transaction ID : SB17.24962
City Rock Hill State SC Zip Code 29732		
Purpose of Disbursement Staff Services	Candidate Name  001 Category/ Type	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1245.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644791

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Alex Allman</b>		Date of Disbursement M M D D Y Y Y 06 12 2014	
Mailing Address 1911 Brookstone Way Apt. 204		Amount of Each Disbursement this Period 100.00	
City Rock Hill	State SC	Zip Code 29732	Transaction ID : <b>SB17.24965</b>
Purpose of Disbursement Staff Services		001	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>B. Black Tie Music Academy</b>		Date of Disbursement M M D D Y Y Y 05 30 2014	
Mailing Address 162 Seven Farms Drive #305		Amount of Each Disbursement this Period 1382.16	
City Charleston	State SC	Zip Code 29492	Transaction ID : <b>SB17.24866</b>
Purpose of Disbursement Campaign Headquarters		001	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>C. Black Tie Music Academy</b>		Date of Disbursement M M D D Y Y Y 06 06 2014	
Mailing Address 162 Seven Farms Drive #305		Amount of Each Disbursement this Period 142.04	
City Charleston	State SC	Zip Code 29492	Transaction ID : <b>SB17.24867</b>
Purpose of Disbursement Electricity		001	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1624.20
<b>TOTAL</b> This Period (last page this line number only).....	

1402064792

**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)

<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 NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Charleston Water System</b>		Date of Disbursement M M / D D Y Y 05 / 23 / 2014	
Mailing Address 103 St. Philip Street		Amount of Each Disbursement this Period	
City Charleston	State SC	Zip Code 29403	, , 42.55 Transaction ID : <b>SB17.24868</b>
Purpose of Disbursement Food and beverage		001 Category/ Type	
Candidate Name			
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D Y Y 06 / 09 / 2014	
Mailing Address 4400 Belle Oaks Dr		Amount of Each Disbursement this Period	
City N. Charleston	State SC	Zip Code 29407	, , 80.70 Transaction ID : <b>SB17.24872</b>
Purpose of Disbursement Internet		001 Category/ Type	
Candidate Name			
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>c. DB Capitol</b>		Date of Disbursement M M / D D Y Y 05 / 30 / 2014	
Mailing Address 203 South Union St Suite 300		Amount of Each Disbursement this Period	
City Alexandria	State VA	Zip Code 22314	, , 2000.00 Transaction ID : <b>SB17.24873</b>
Purpose of Disbursement General Election Refund		001 Category/ Type	
Candidate Name			
Office Sought: <input 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:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	, , 2123.25
<b>TOTAL</b> This Period (last page this line number only).....	, , .

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**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)

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17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. DB Capitol</b>		Date of Disbursement M M    D D    Y Y 06    27    2014
Mailing Address 203 South Union St Suite 300		Amount of Each Disbursement this Period  2000.00 Transaction ID : SB17.24874
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement legal and Compliance Consulting	001 Category/ Type
Candidate Name	Office Sought: <input 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:    District:	

Full Name (Last, First, Middle Initial) <b>B. First Virginia Community Bank</b>		Date of Disbursement M M    D D    Y Y 06    30    2014
Mailing Address 11325 Random Hills Rd Ste 240		Amount of Each Disbursement this Period  11.97 Transaction ID : SB17.24876
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Bank fee	001 Category/ Type
Candidate Name	Office Sought: <input 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:    District:	

Full Name (Last, First, Middle Initial) <b>c. First Virginia Community Bank</b>		Date of Disbursement M M    D D    Y Y 06    30    2014
Mailing Address 11325 Random Hills Rd Ste 240		Amount of Each Disbursement this Period  131.98 Transaction ID : SB17.24877
City Fairfax	State VA	
Zip Code 22030	Purpose of Disbursement Bank fee	001 Category/ Type
Candidate Name	Office Sought: <input 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:    District:	

**SUBTOTAL** of Disbursements This Page (optional)..... 2143.95

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

14020644794

**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)

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<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 NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. FTIN</b>		Date of Disbursement M M D D Y Y 05 25 2014	
Mailing Address 325 East Jimmie Leeds Road Suite 117		Amount of Each Disbursement this Period	
City Galloway	State NY	Zip Code 08205	80.00
Purpose of Disbursement Digital service	Candidate Name		Transaction ID : SB17.24879
Office Sought: <input 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)		Category/ Type 001
State: District:			

Full Name (Last, First, Middle Initial) <b>B. FTIN</b>		Date of Disbursement M M D D Y Y 06 06 2014	
Mailing Address 325 East Jimmie Leeds Road Suite 117		Amount of Each Disbursement this Period	
City Galloway	State NY	Zip Code 08205	290.00
Purpose of Disbursement Data services	Candidate Name		Transaction ID : SB17.24880
Office Sought: <input 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)		Category/ Type 001
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Glengary</b>		Date of Disbursement M M / D D Y Y 06 16 2014	
Mailing Address 3303 East Baseline Road Bld 4, Ste 207		Amount of Each Disbursement this Period	
City Gilbert	State AZ	Zip Code 85234	4.78
Purpose of Disbursement List Rental Fees	Candidate Name		Transaction ID : SB17.24881
Office Sought: <input 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)		Category/ Type 003
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	374.78
<b>TOTAL</b> This Period (last page this line number only).....	

14020644795

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Glengary</b>		Date of Disbursement M M / D D / Y Y Y 06 / 16 / 2014	
Mailing Address 3303 East Baseline Road Bld 4, Ste 207		Amount of Each Disbursement this Period	
City Gilbert	State AZ	Zip Code 85234	Transaction ID : <b>SB17.24882</b>
Purpose of Disbursement List Rental Fees		003	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement M M / D D / Y Y Y 06 / 10 / 2014	
Mailing Address 2350 Bayshore Pkwy		Amount of Each Disbursement this Period	
City Mountain View	State CA	Zip Code 94043	Transaction ID : <b>SB17.24885</b>
Purpose of Disbursement outbound Messaging and Advocacy		004	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>C. Google</b>		Date of Disbursement M M / J D / Y Y Y 06 / 13 / 2014	
Mailing Address 2350 Bayshore Pkwy		Amount of Each Disbursement this Period	
City Mountain View	State CA	Zip Code 94043	Transaction ID : <b>SB17.24886</b>
Purpose of Disbursement outbound Messaging and Advocacy		004	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	579.97
<b>TOTAL</b> This Period (last page this line number only).....	

14020644796

**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)

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17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Grounded in Grassroots</b>		Date of Disbursement M M D D Y Y 05 22 2014
Mailing Address 1725 DeSales Street, NW 6th Floor		Amount of Each Disbursement this Period  5538.00 Transaction ID : SB17.24887
City Washington State DC Zip Code 20036	001	
Purpose of Disbursement Campaign manager	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Grounded in Grassroots</b>		Date of Disbursement M M D D Y Y 06 14 2014
Mailing Address 1725 DeSales Street, NW 6th Floor		Amount of Each Disbursement this Period  9817.75 Transaction ID : SB17.24888
City Washington State DC Zip Code 20036	001	
Purpose of Disbursement Campaign Management Consulting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Habitat 2000 LLC</b>		Date of Disbursement M M D D Y Y 06 14 2014
Mailing Address 838 S Parker Dr		Amount of Each Disbursement this Period  2600.00 Transaction ID : SB17.24892
City Florence State SC Zip Code 29501	003	
Purpose of Disbursement General Election Refund	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17955.75
<b>TOTAL</b> This Period (last page this line number only).....	

14020644797



**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Kangaroo Express</b>		Date of Disbursement M M D D Y Y 05 24 2014
Mailing Address 305 Gregson Drive		Amount of Each Disbursement this Period 40.09 Transaction ID : SB17.24895
City Cary State NC Zip Code 27511		
Purpose of Disbursement travel expense	003	
Candidate Name		
Office Sought: <input 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: District:		
Full Name (Last, First, Middle Initial) <b>B. Kangaroo Express</b>		Date of Disbursement M M D D Y Y 06 06 2014
Mailing Address 305 Gregson Drive		Amount of Each Disbursement this Period 39.04 Transaction ID : SB17.24896
City Cary State NC Zip Code 27511		
Purpose of Disbursement travel expense	002	
Candidate Name		
Office Sought: <input 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: District:		
Full Name (Last, First, Middle Initial) <b>C. Haley Kos</b>		Date of Disbursement M M D D Y Y 06 06 2014
Mailing Address 1009 Crooked Stick Ct		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.24963
City Summerville State SC Zip Code 29483		
Purpose of Disbursement Staff Services	001	
Candidate Name		
Office Sought: <input 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: District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		279.13
<b>TOTAL</b> This Period (last page this line number only).....		

14020644798

**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)

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17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Haley Kos</b>		Date of Disbursement M M    D D    Y Y 06    12    2014	
Mailing Address 1009 Crooked Stick Ct		Amount of Each Disbursement this Period 100.00	
City Summerville	State SC	Zip Code 29483	Transaction ID : <b>SB17.24966</b>
Purpose of Disbursement Staff Services		001	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>B. Haley Kos</b>		Date of Disbursement M M    D D    Y Y 06    14    2014	
Mailing Address 1009 Crooked Stick Ct		Amount of Each Disbursement this Period 50.00	
City Summerville	State SC	Zip Code 29483	Transaction ID : <b>SB17.24968</b>
Purpose of Disbursement Staff Services		001	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>c. Lakeway Landing LLC</b>		Date of Disbursement M M / J D    Y Y 06    14    2014	
Mailing Address 838 S Parker Dr		Amount of Each Disbursement this Period 2600.00	
City Florence	State SC	Zip Code 29501	Transaction ID : <b>SB17.24897</b>
Purpose of Disbursement General Election Refund		010	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	,

14020644799

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Mark it Red</b>		Date of Disbursement M M D D Y Y 05 23 2014
Mailing Address PO Box 217		Amount of Each Disbursement this Period 89072.00 Transaction ID : SB17.24898
City Zionsville	State IN Zip Code 46077	
Purpose of Disbursement Media and Advertising	Candidate Name	004 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mark it Red</b>		Date of Disbursement M M D D Y Y 06 02 2014
Mailing Address PO Box 217		Amount of Each Disbursement this Period 24995.00 Transaction ID : SB17.24898
City Zionsville	State IN Zip Code 46077	
Purpose of Disbursement Media and Advertising	Candidate Name	004 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mark it Red</b>		Date of Disbursement M M D D Y Y 06 06 2014
Mailing Address PO Box 217		Amount of Each Disbursement this Period 9945.00 Transaction ID : SB17.24900
City Zionsville	State IN Zip Code 46077	
Purpose of Disbursement Media and Advertising	Candidate Name	004 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	124012.00
<b>TOTAL</b> This Period (last page this line number only).....	

1402064800

**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)

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17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

**A. Mark it Red**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 217

City Zionsville State IN Zip Code 46077

Purpose of Disbursement  
outbound Messaging and Advocacy

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M D D Y Y  
06 10 2014

Amount of Each Disbursement this Period  
8000.00

Transaction ID : SB17.24901

Category/ Type: 004

**B. Mallory Moore**

Full Name (Last, First, Middle Initial)  
Mailing Address MSC 2100 171 Moultrie Street

City Charleston State SC Zip Code 29409

Purpose of Disbursement  
Staff Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M D D Y Y  
06 09 2014

Amount of Each Disbursement this Period  
200.00

Transaction ID : SB17.24964

Category/ Type: 001

**c. Mallory Moore**

Full Name (Last, First, Middle Initial)  
Mailing Address MSC 2100 171 Moultrie Street

City Charleston State SC Zip Code 29409

Purpose of Disbursement  
Staff Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M D D Y Y  
06 12 2014

Amount of Each Disbursement this Period  
100.00

Transaction ID : SB17.24967

Category/ Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 8300.00

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

14020644801

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M D D / Y Y Y 05 29 2014	
Mailing Address 6600 N Military Trail		Amount of Each Disbursement this Period  7.91 Transaction ID : SB17.24903	
City Boca Raton	State FL		Zip Code 33496
Purpose of Disbursement Office Supplies	001 Category/ Type		
Candidate Name			
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M D D / Y Y Y 05 31 2014	
Mailing Address 6600 N Military Trail		Amount of Each Disbursement this Period  7.91 Transaction ID : SB17.24904	
City Boca Raton	State FL		Zip Code 33496
Purpose of Disbursement Office Supplies	001 Category/ Type		
Candidate Name			
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>C. ONE NATION PAC</b>		Date of Disbursement M M J D / Y Y Y 06 16 2014	
Mailing Address PO BOX 10144		Amount of Each Disbursement this Period  4.54 Transaction ID : SB17.24905	
City PALM DESERT	State CA		Zip Code 92255
Purpose of Disbursement List Rental Fees	003 Category/ Type		
Candidate Name			
Office Sought: <input 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:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20.36
<b>TOTAL</b> This Period (last page this line number only).....	

14020644802

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Publix</b>		Date of Disbursement M M D D Y Y 06 10 2014	
Mailing Address 162 Seven Farms Rd		Amount of Each Disbursement this Period	
City Daniel Island	State SC	Zip Code 29492	, , 46.20 Transaction ID : SB17.24909
Purpose of Disbursement Food and beverage	001 Category/ Type		
Candidate Name		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Qwik pack and ship</b>		Date of Disbursement M M D D Y Y 05 29 2014	
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period	
City Daniel Island	State SC	Zip Code 29492	, , 155.26 Transaction ID : SB17.24912
Purpose of Disbursement Package supplies	001 Category/ Type		
Candidate Name		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Qwik pack and ship</b>		Date of Disbursement M M D D Y Y 06 06 2014	
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period	
City Daniel Island	State SC	Zip Code 29492	, , 419.25 Transaction ID : SB17.24913
Purpose of Disbursement Package supplies	001 Category/ Type		
Candidate Name		Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	620.71
<b>TOTAL</b> This Period (last page this line number only).....	

14020644803

**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)

<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 NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Qwik pack and ship</b>		Date of Disbursement M M / D D Y Y 06 / 13 2014
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period  18.60 Transaction ID : SB17.24910
City Daniel Island State SC Zip Code 29492	001 Category/ Type	
Purpose of Disbursement Packing Supplies	Candidate Name	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Qwik pack and ship</b>		Date of Disbursement M M / D D Y Y 06 / 20 2014
Mailing Address 295 Seven Farms Dr Suite C		Amount of Each Disbursement this Period  115.14 Transaction ID : SB17.24914
City Daniel Island State SC Zip Code 29492	001 Category/ Type	
Purpose of Disbursement Mail Supplies	Candidate Name	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. SCM Enterprises</b>		Date of Disbursement M M / D D / Y Y Y 06 / 11 2014
Mailing Address 203 S. Union St Suite D		Amount of Each Disbursement this Period  3000.85 Transaction ID : SB17.24915
City Alexandria State VA Zip Code 22314	003 Category/ Type	
Purpose of Disbursement List Rental Fees	Candidate Name	
Office Sought: <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3134.59
<b>TOTAL</b> This Period (last page this line number only).....	

14020644804

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. SCM Enterprises</b>		Date of Disbursement	
Mailing Address 203 S. Union St Suite D		M M D D / Y Y Y 06 16 2014	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period  4.54 Transaction ID : SB17.24916
Purpose of Disbursement List Rental Fees		003	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>B. SCM Enterprises</b>		Date of Disbursement	
Mailing Address 203 S. Union St Suite D		M M D D / Y Y Y 06 16 2014	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period  9.07 Transaction ID : SB17.24917
Purpose of Disbursement List Rental Fees		003	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>c. Claire Scott</b>		Date of Disbursement	
Mailing Address 162 Seven Farms Drive #305		M M D D / Y Y Y 06 02 2014	
City Charleston	State SC	Zip Code 29492	Amount of Each Disbursement this Period  900.00 Transaction ID : SB17.24960
Purpose of Disbursement Staff Services		001	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	913.61
<b>TOTAL</b> This Period (last page this line number only).....	

14020644805



**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Claire Scott</b>		Date of Disbursement M M / D D Y Y 06 / 14 2014	
Mailing Address 162 Seven Farms Drive #305		Amount of Each Disbursement this Period	
City Charleston	State SC	Zip Code 29492	900.00
Purpose of Disbursement Staff Services		001 Category/ Type	Transaction ID : SB17.24969
Candidate Name			
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>B. Claire Scott</b>		Date of Disbursement M M / D D Y Y 06 / 14 2014	
Mailing Address 162 Seven Farms Drive #305		Amount of Each Disbursement this Period	
City Charleston	State SC	Zip Code 29492	165.00
Purpose of Disbursement staff services		001 Category/ Type	Transaction ID : SB17.24970
Candidate Name			
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>C. Claire Scott</b>		Date of Disbursement M M / D D Y Y 06 / 27 2014	
Mailing Address 162 Seven Farms Drive #305		Amount of Each Disbursement this Period	
City Charleston	State SC	Zip Code 29492	900.00
Purpose of Disbursement Staff Services		001 Category/ Type	Transaction ID : SB17.24971
Candidate Name			
Office Sought: <input 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:	District:		

**SUBTOTAL** of Disbursements This Page (optional)..... 1965.00

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

14020644806

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Jared Smith</b>		Date of Disbursement M M D D Y Y 05 23 2014	
Mailing Address 1418 Hamlin Park Circle		Amount of Each Disbursement this Period 633.55	
City Mt. Pleasant	State SC	Zip Code 29946	Transaction ID : SB17.24959
Purpose of Disbursement Staff Services		001	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>B. Jared Smith</b>		Date of Disbursement M M D D Y Y 06 02 2014	
Mailing Address 1418 Hamlin Park Circle		Amount of Each Disbursement this Period 637.00	
City Mt. Pleasant	State SC	Zip Code 29946	Transaction ID : SB17.24961
Purpose of Disbursement Staff Services		001	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>C. South Carolina Fedael Credit Union</b>		Date of Disbursement M M D D Y Y 06 05 2014	
Mailing Address P.O. Box 190012		Amount of Each Disbursement this Period 12.00	
City North Charleston	State SC	Zip Code 29419	Transaction ID : SB17.24918
Purpose of Disbursement Bank fee		001	
Candidate Name		Category/ Type	
Office Sought: <input 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:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1282.55
<b>TOTAL</b> This Period (last page this line number only).....	

14020644807

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. South Carolina Fedea  Credit Union</b>		Date of Disbursement M M D D / Y Y Y 06 10 2014
Mailing Address P.O. Box 190012		Amount of Each Disbursement this Period  12.00 Transaction ID : SB17.24919
City North Charleston	State SC	
Zip Code 29419	Purpose of Disbursement Bank fee	001 Category/ Type
Candidate Name	Office Sought: <input 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: District:	
Full Name (Last, First, Middle Initial) <b>B. South Carolina Fedea  Credit Union</b>		Date of Disbursement M M D D / Y Y Y 06 10 2014
Mailing Address P.O. Box 190012		Amount of Each Disbursement this Period  7.00 Transaction ID : SB17.24920
City North Charleston	State SC	
Zip Code 29419	Purpose of Disbursement Bank fee	001 Category/ Type
Candidate Name	Office Sought: <input 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: District:	
Full Name (Last, First, Middle Initial) <b>C. Stripe</b>		Date of Disbursement M M D D / Y Y Y 06 30 2014
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period  952.93 Transaction ID : SB17.24921
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Merchant Processing Fees	003 Category/ Type
Candidate Name	Office Sought: <input 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: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		971.93
<b>TOTAL</b> This Period (last page this line number only).....		

1402064808

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. The Rainmakers</b>		Date of Disbursement M M / D D / Y Y 05 / 30 / 2014
Mailing Address 5211 Port Royal Road Ste 500		Amount of Each Disbursement this Period  4379.51 Transaction ID : SB17.24923
City Springfield	State VA	
Zip Code 22151	Purpose of Disbursement outbound Messaging and Advocacy	003 Category/ Type
Candidate Name	Office Sought: <input 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: District:

Full Name (Last, First, Middle Initial) <b>B. The Rainmakers</b>		Date of Disbursement M M / D D / Y Y 06 / 30 / 2014
Mailing Address 5211 Port Royal Road Ste 500		Amount of Each Disbursement this Period  1857.99 Transaction ID : SB17.24924
City Springfield	State VA	
Zip Code 22151	Purpose of Disbursement Fundraising Consulting	003 Category/ Type
Candidate Name	Office Sought: <input 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: District:

Full Name (Last, First, Middle Initial) <b>c. Transxt</b>		Date of Disbursement M M / D D / Y Y 06 / 30 / 2014
Mailing Address 190 Monroe Avenue Ste 500		Amount of Each Disbursement this Period  125.68 Transaction ID : SB17.24925
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Merchant Processing Fees	003 Category/ Type
Candidate Name	Office Sought: <input 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: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6363.18
<b>TOTAL</b> This Period (last page this line number only).....	

14020644809

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. WESTERN REPRESENTATION PAC</b>		Date of Disbursement M M D D Y Y 06 16 2014
Mailing Address 316 CALIFORNIA AVE SUITE 40		Amount of Each Disbursement this Period  11.34 Transaction ID : SB17.24927
City RENO State NV Zip Code 89509	003 Category/ Type	
Purpose of Disbursement List Rental Fees		
Candidate Name		
Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M
Mailing Address		Amount of Each Disbursement this Period  ,
City State Zip Code	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M / D
Mailing Address		Amount of Each Disbursement this Period  ,
City State Zip Code	Category/ Type	
Purpose of Disbursement		
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11.34
<b>TOTAL</b> This Period (last page this line number only).....	176671.30

14020644810

**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)

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17  
 20a  
 18  
 20b  
 19a  
 20c  
 19b  
 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Walter W. Buckley</b>		Date of Disbursement M M / D D / Y Y 06 / 14 / 2014	
Mailing Address 1635 Country Road		Amount of Each Disbursement this Period 2600.00	
City Bethlehem	State PA	Zip Code 18015	Transaction ID : <b>SB20A.24946</b>
Purpose of Disbursement General Election Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Jean Carlton</b>		Date of Disbursement M M / D D / Y Y 06 / 14 / 2014	
Mailing Address 124 Folly Rd Blvd		Amount of Each Disbursement this Period 1125.00	
City Charleston	State SC	Zip Code 29407	Transaction ID : <b>SB20A.24943</b>
Purpose of Disbursement General Election Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Elloine Clark</b>		Date of Disbursement M M / J D / Y Y 06 / 14 / 2014	
Mailing Address 3716 Maplewood Ave		Amount of Each Disbursement this Period 2600.00	
City Dallas	State TX	Zip Code 75205	Transaction ID : <b>SB20A.24934</b>
Purpose of Disbursement General Election Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6325.00
<b>TOTAL</b> This Period (last page this line number only).....	,

14020644811

**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)

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17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Brian Cuddy</b>		Date of Disbursement M M D D / Y Y Y 06 14 2014
Mailing Address 2145 Henry Tecklenburg Dr Suite 220		Amount of Each Disbursement this Period  400.00 Transaction ID : SB20A.24947
City Charleston	State SC Zip Code 29414	
Purpose of Disbursement General Election Refund	Candidate Name	Category/ Type 010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Richard Diaz</b>		Date of Disbursement M M D D / Y Y Y 06 14 2014
Mailing Address 631 Reedy Rd.		Amount of Each Disbursement this Period  1500.00 Transaction ID : SB20A.24950
City Conway	State AR Zip Code 72034	
Purpose of Disbursement General Election Refund	Candidate Name	Category/ Type 010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. James Edwards</b>		Date of Disbursement M M D D / Y Y Y 06 14 2014
Mailing Address 3520 Cohasset Avenue		Amount of Each Disbursement this Period  2600.00 Transaction ID : SB20A.24951
City Annapolis	State MD Zip Code 21403	
Purpose of Disbursement General Election Refund	Candidate Name	Category/ Type 010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644812

**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 72 OF 78

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Lawrence Gelman</b>		Date of Disbursement M M D D / Y Y Y 06 14 2014
Mailing Address 3900 Sundown Dr.		Amount of Each Disbursement this Period  2400.00 Transaction ID : SB20A.24940
City Mcallen	State TX	
Zip Code 78503	Purpose of Disbursement General Election Refund	010 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. William Krause</b>		Date of Disbursement M M D D / Y Y Y 06 14 2014
Mailing Address 25855 Westwind Way		Amount of Each Disbursement this Period  2600.00 Transaction ID : SB20A.24940
City Los Altos Hills	State CA	
Zip Code 94022	Purpose of Disbursement General Election Refund	010 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Richard Lee</b>		Date of Disbursement M M D D / Y Y Y 06 14 2014
Mailing Address PO Box 2113		Amount of Each Disbursement this Period  2600.00 Transaction ID : SB20A.24933
City Orlando	State FL	
Zip Code 32082	Purpose of Disbursement General Election Refund	010 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7600.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644813



**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)

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17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial)

**A. Bill Lowndes**

Date of Disbursement

M M D D Y Y  
06 14 2014

Mailing Address PO Box 5042

Amount of Each Disbursement this Period

City State Zip Code  
Spartanburg SC 29304

, , 2600.00  
Transaction ID : SB20A.24956

Purpose of Disbursement  
General Election Refund

010  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Henrietta Lowndes**

Date of Disbursement

M M D D Y Y  
06 14 2014

Mailing Address 630 Vassar Street, Unit 2304

Amount of Each Disbursement this Period

City State Zip Code  
Orlando FL 32804

, , 2600.00  
Transaction ID : SB20A.24955

Purpose of Disbursement  
General Election Refund

010  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Anne Mace**

Date of Disbursement

M M D D Y Y  
06 14 2014

Mailing Address 108 North Norfolk

Amount of Each Disbursement this Period

City State Zip Code  
Goose Creek SC 29442

, , 2600.00  
Transaction ID : SB20A.24941

Purpose of Disbursement  
General Election Refund

010  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... 7800.00

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

14020644814

**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)

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17  
 20a  
 18  
 20b  
 19a  
 20c  
 19b  
 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. James Mace</b>		Date of Disbursement M M / D D / Y Y Y 06 / 14 / 2014	
Mailing Address 108 N Norfolk Way		Amount of Each Disbursement this Period 2600.00	
City Goose Creek	State SC	Zip Code 29445	Transaction ID : <b>SB20A.24942</b>
Purpose of Disbursement General Election Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Jeff Moe</b>		Date of Disbursement M M / D D / Y Y Y 06 / 14 / 2014	
Mailing Address 16608 Red Canyon Ranch Road		Amount of Each Disbursement this Period 2600.00	
City Loveland	State CO	Zip Code 80538	Transaction ID : <b>SB20A.24936</b>
Purpose of Disbursement General Election Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. John Peck</b>		Date of Disbursement M M / J D / Y Y Y 06 / 14 / 2014	
Mailing Address Po Box 829		Amount of Each Disbursement this Period 2600.00	
City Rancho Santa Fe	State CA	Zip Code 92067	Transaction ID : <b>SB20A.24957</b>
Purpose of Disbursement General Election Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7800.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644815

**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 75 OF 78

17  
 20a  
 18  
 20b  
 19a  
 20c  
 19b  
 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Lenora Pusta</b>		Date of Disbursement M M / D D / Y Y 06 / 14 / 2014	
Mailing Address 138 West Sunflower Drive		Amount of Each Disbursement this Period 2000.00	
City Payson	State AZ	Zip Code 85541	Transaction ID : <b>SB20A.24944</b>
Purpose of Disbursement General Election Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Joseph Schimberg</b>		Date of Disbursement M M / D D / Y Y 06 / 14 / 2014	
Mailing Address 3111 Pinney Woods Ln SE		Amount of Each Disbursement this Period 2600.00	
City Cedar Rapids	State IA	Zip Code 52403	Transaction ID : <b>SB20A.24939</b>
Purpose of Disbursement General Election Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Edward Sloan</b>		Date of Disbursement M M / J D / Y Y Y 06 / 14 / 2014	
Mailing Address PO Box 25999		Amount of Each Disbursement this Period 2600.00	
City Greenville	State SC	Zip Code 29616	Transaction ID : <b>SB20A.24954</b>
Purpose of Disbursement General Election Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

**SUBTOTAL** of Disbursements This Page (optional)..... 7200.00

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

14020644816

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (in Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Jared Smith</b>		Date of Disbursement M M D D Y Y Y 06 14 2014	
Mailing Address 1418 Hamlin Park Circle		Amount of Each Disbursement this Period 1123.00	
City Mt. Pleasant	State SC	Zip Code 29946	Transaction ID : SB20A.24958
Purpose of Disbursement General Election Refund		001 Category/ Type	
Candidate Name			
Office Sought: <input 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:	District:		

Full Name (Last, First, Middle Initial) <b>B. Chris Swain</b>		Date of Disbursement M M D D Y Y Y 06 14 2014	
Mailing Address 985 River Road		Amount of Each Disbursement this Period 2600.00	
City Woodruff	State SC	Zip Code 29388	Transaction ID : SB20A.24953
Purpose of Disbursement General Election Refund		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Debbie Swain</b>		Date of Disbursement M M J D / Y Y Y 06 14 2014	
Mailing Address 985 River Rd		Amount of Each Disbursement this Period 2600.00	
City Woodruff	State SC	Zip Code 29388	Transaction ID : SB20A.24952
Purpose of Disbursement General Election Refund		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6323.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020644817

**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)

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17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (in Full)  
**FRIENDS OF NANCY MACE**

<p>Full Name (Last, First, Middle Initial) <b>A. Kimberlee Timbrook Brown</b></p> <p>Mailing Address 1608-C Marsh Harbor Ln</p> <p>City Mount Pleasant      State SC      Zip Code 29464</p> <p>Purpose of Disbursement General Election Refund</p> <p>Candidate Name</p> <p>Office Sought:    <input type="checkbox"/> House    <input type="checkbox"/> Senate    <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State:      District:</p>		<p>Date of Disbursement</p> <p style="text-align: center;">M M      D D      Y Y 06      14      2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">,      ,      425.00</p> <p>Transaction ID : SB20A.24945</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Martha White</b></p> <p>Mailing Address 13411 Kimberley Lane</p> <p>City Houston      State TX      Zip Code 77079</p> <p>Purpose of Disbursement General Election Refund</p> <p>Candidate Name</p> <p>Office Sought:    <input type="checkbox"/> House    <input type="checkbox"/> Senate    <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State:      District:</p>		<p>Date of Disbursement</p> <p style="text-align: center;">M M      D D      Y Y 06      14      2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">,      ,      2600.00</p> <p>Transaction ID : SB20A.24938</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Walter White</b></p> <p>Mailing Address 13411 Kimberley Lane</p> <p>City Houston      State TX      Zip Code 77079</p> <p>Purpose of Disbursement General Election Refund</p> <p>Candidate Name</p> <p>Office Sought:    <input type="checkbox"/> House    <input type="checkbox"/> Senate    <input type="checkbox"/> President</p> <p>Disbursement For: 2014 <input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State:      District:</p>		<p>Date of Disbursement</p> <p style="text-align: center;">M M      J D /      Y Y 06      14      2014</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">,      ,      2600.00</p> <p>Transaction ID : SB20A.24937</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional).....</p> <p><b>TOTAL</b> This Period (last page this line number only).....</p>		<p style="text-align: right;">,      ,      5625.00</p> <p style="text-align: right;">,      ,      .</p>

14020644818

**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 78 OF 78

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF NANCY MACE**

Full Name (Last, First, Middle Initial) <b>A. Deanie Wynn</b>		Date of Disbursement M M D D Y Y Y 06 14 2014	
Mailing Address 138 Turnberry Dr		Amount of Each Disbursement this Period	
City Spartanburg	State SC	Zip Code 29306	2600.00
Purpose of Disbursement General Election Refund		010 Category/ Type	Transaction ID : SB20A.24935
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:                  District:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M D D Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:                  District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M D D Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:                  District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	55773.00

14020644819

1402064820

Group Hospitalization and Medical Services, Inc.
doing business as
CareFirst BlueCross BlueShield (CareFirst)
and
CareFirst BlueChoice, Inc. (CareFirst BlueChoice)
840 First Street, NE
Washington, DC 20065
202-479-8000

Independent licensees of the Blue Cross and Blue Shield Association

Insurers identified above are responsible for the obligation in this Group Contract Application
Point-of-Enrollment

GROUP CONTRACT APPLICATION

Point-of-Enrollment is jointly offered product(s) from CareFirst and CareFirst BlueChoice, Inc. (CareFirst BlueChoice) (collectively referred to as CareFirst/CareFirst BlueChoice). With Point-of-Enrollment product(s) the Subscriber may select for himself/herself and his/her dependents a CareFirst or a CareFirst BlueChoice product offered by the Group each year. Except when a special enrollment provision may be applicable, the Subscriber is locked into the selected product until the next Annual Open Enrollment Period, at which time the Subscriber can elect to change to another product. There are two additional exceptions. If the Subscriber lives outside of the CareFirst BlueChoice Service Area, has chosen a CareFirst product and subsequently moves into the CareFirst BlueChoice Service Area, then the Subscriber may, with proof of new residence, change to a CareFirst BlueChoice product within 60 days of residing in his/her new residence. This would only be applicable for a CareFirst BlueChoice product with a residency requirement. Additionally, if the Subscriber has chosen a CareFirst BlueChoice product with a residency requirement, and moves out of the CareFirst BlueChoice Service Area, then the Subscriber may, with proof of new residence, change to a CareFirst product, or CareFirst BlueChoice product that does not have a residency requirement, within 60 days of residing in his/her new residence. Any change caused by new residence will take effect on the first day of the month following notification to CareFirst/CareFirst BlueChoice of the change.

If this Application is being completed for a new Group, or an existing Group selecting a new product or making a jurisdictional change, the Group is required to complete this Application in its entirety, in black ink, and sign, date and return it to the Group's Sales Representative.

If this Application is being completed for an existing Group amending the Group's current coverage or changing general information, the Group is required to complete, in black ink, only the sections in which the information is changing, sign, date and return this Application to the Group's Sales Representative.

Do not alter this document except to fill in the blanks and check the boxes provided. This Application will not be accepted if any other changes are made.

GENERAL INFORMATION

Group Number (if available):
Name of Organization:
Physical Location:
Street Address:
City: State: Zip:
Mailing Address (if other than above):

VA/GHMSI/C/FBC/POE/GCA/LG (R. 3/14) 1 Point-of-Enrollment

Street Address:
City: State: Zip:
Billing Address (if other than above):
Street Address:
City: State: Zip:
Group Administrator (Person to Contact):
Name: Telephone Number:
Title:
Email Address:
Chief Executive Officer/President
Name: Telephone Number:
Title:
Email Address:

Type of Organization: Sole Proprietorship Partnership
Corporation Other
Nature of Business:
Federal Tax Identification Number: EMPLOYER CONTRIBUTION

Medical Products
CareFirst/CareFirst BlueChoice reserves the right to revise rates, or to refuse to renew any CareFirst/CareFirst BlueChoice health benefit plan issued to the Group, if the Group does not contribute an amount equal to at least 50% of the cost of the Individual Coverage for enrolled employees.

CareFirst/CareFirst BlueChoice will notify the Group of any rate adjustments no later than 45 days prior to the effective date of the rate change.

Freestanding Dental and Vision Products
To be eligible for CareFirst Group dental and/or vision benefits coverage, the employer must identify the contribution level that applies to the dental and/or vision benefits coverage in the checkboxes below. If the employer's contribution for enrolled employees is an amount equal to at least 50% of the cost of the Individual Coverage for enrolled employees, then the employer should select employer-sponsored below. If the employer's contribution is less than 50% of the cost of the Individual Coverage, the plan will be considered Voluntary, and the employer should select Voluntary below. If the employee or participant in the Group agrees to pay the entire premium for the coverage to the Group, then the employer should select Voluntary below.

If the Group selects dental benefit coverage, the Group must specify if the coverage will be:
Employer-sponsored or
Voluntary

VA/GHMSI/C/FBC/POE/GCA/LG (R. 3/14) 2 Point-of-Enrollment



SECRETARY OF THE SENATE

14 JUL 29 PM 1:35

July 28, 2014

Dear Customer:

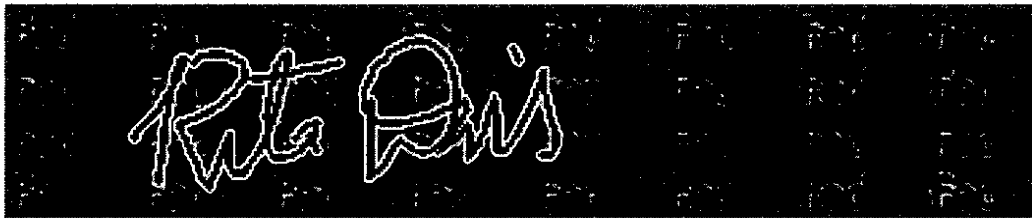
The following is the proof-of-delivery for tracking number **770605432721**.

---

**Delivery Information:**

---

<b>Status:</b>	Delivered	<b>Delivered to:</b>	Receptionist/Front Desk
<b>Signed for by:</b>	R.DAVIS	<b>Delivery location:</b>	1350 PENN AVE WASHINGTON, DC 20013
<b>Service type:</b>	FedEx Priority Overnight	<b>Delivery date:</b>	Jul 16, 2014 15:38
<b>Special Handling:</b>	Deliver Weekday		



---

**Shipping Information:**

---

<b>Tracking number:</b>	770605432721	<b>Ship date:</b>	Jul 15, 2014
-------------------------	--------------	-------------------	--------------

**Recipient:**  
United States Senate  
Office of Public Records  
PO BOX 77578  
WASHINGTON, DC 20013 US

**Shipper:**  
Dan Backer  
DB Capitol Strategies PLLC  
203 S. Union St.  
Suite 300  
ALEXANDRIA, VA 22314 US

Thank you for choosing FedEx.

14020644821





770605432721

SECRETARY OF THE SENATE

Ship (P/U) date :  
Tues 7/16/2014 8:19 pm



Actual delivery :  
Wed 7/16/2014 1:35 PM

DB Capitol Strategies PLLC  
Dan Backer  
203 S. Union St.  
Suite 300  
ALEXANDRIA, VA US 22314  
202 210-5431

**Delivered**  
Signed for by: R.DAVIS

Office of Public Records  
United States Senate  
PO BOX 77578  
WASHINGTON, DC US 20013  
215 287-3413

Let us tell you when your shipment arrives. Sign up for delivery notifications

### Travel History

Date/Time	Activity	Location
- 7/23/2014 - Wednesday		
2:46 pm	Returning package to shipper Return tracking number <b>612843546528</b>	WASHINGTON, DC
- 7/16/2014 - Wednesday		
3:38 pm	Delivered	WASHINGTON, DC
1:54 pm	On FedEx vehicle for delivery	WASHINGTON, DC
10:35 am	At local FedEx facility	WASHINGTON, DC
7:57 am	At local FedEx facility	WASHINGTON, DC
7:34 am	Delivery exception Incorrect address	WASHINGTON, DC
- 7/15/2014 - Tuesday		
9:40 pm	At destination sort facility	DULLES, VA
8:45 pm	Left FedEx origin facility	ALEXANDRIA, VA
6:19 pm	Picked up	ALEXANDRIA, VA
11:51 am	Shipment information sent to FedEx	

Local Scan Time

### Shipment Facts

Tracking number	770605432721	Service	FedEx Priority Overnight
Delivery attempts	1	Delivered To	Receptionist/Front Desk
Total piecec	1	Terms	Not Available
Packaging	FedEx Envelope	Special handling section	Deliver Weekday
Customer exception request number (CER)	0724922789		

14020644822

ANDY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
MAIL MAIL OFFICE E  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 7/29/14 ←  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

### OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>7/15/14</u> ←	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE  NO POSTMARK

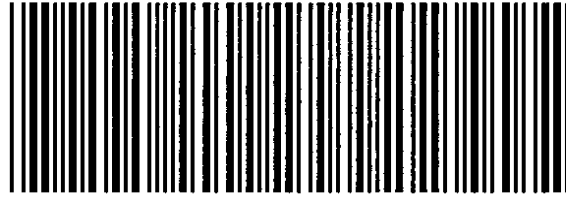
FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 7/29/14

*- See FedEx receipts attached*

14020644823



SEN PATCH



SEN PATCH

14020644824