

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Howie Lind for Congress

ADDRESS (number and street) PO Box 878
Check if different than previously reported. (ACC) Mclean VA 22101

2. FEC IDENTIFICATION NUMBER C C00557983
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT VA 10

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
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 04 / 26 / 2014 in the State of VA
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 01 / 01 / 2014 through 04 / 06 / 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 Michael Rumberg

Signature of Treasurer Michael Rumberg [Electronically Filed] Date 04 / 14 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Howie Lind for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 06 / 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))....	20775.00	20775.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20775.00	20775.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	102524.27	102524.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	62.54	62.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	102461.73	102461.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	38313.27	
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).....	120000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Howie Lind for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18300.00	18300.00
(ii) Unitemized.....	2475.00	2475.00
(iii) TOTAL of contributions from individuals ▶	20775.00	20775.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20775.00	20775.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	120000.00	120000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	120000.00	120000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	62.54	62.54
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	140837.54	140837.54

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	102524.27	102524.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	102524.27	102524.27

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	140837.54
25. SUBTOTAL (add Line 23 and Line 24).....	140837.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	102524.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	38313.27

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steven S Allen**

Mailing Address 2381 Gard Ave

City State Zip Code  
Early IN 50535

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : SA11AI.4166**

Amount of Each Receipt this Period  
250.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Bruce W Boyd**

Mailing Address 3609 1st Road S

City State Zip Code  
Arlington VA 22204

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.4321**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 13817 Ashvale Dr

City State Zip Code  
Fairfax VA 22033

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

Name of Employer Occupation  
Techcorps, Inc Real Estate Appraiser

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2014

**Transaction ID : SA11AI.4203**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Eric F Bush</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 14529 Creek Branch Ct		<b>Transaction ID : SA11AI.4131</b>	
City Centreville	State VA	Zip Code 20120	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00	
Name of Employer Mitre Corp	Occupation Systems Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 250.00		

Full Name (Last, First, Middle Initial) <b>B. Thomas Carter</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 2032 Ashburton Way		<b>Transaction ID : SA11AI.4375</b>	
City Mount Pleasant	State SC	Zip Code 29466	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00	
Name of Employer Elbit Systems	Occupation Govt Relations		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 250.00		

Full Name (Last, First, Middle Initial) <b>C. Carl P Cecil</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 4616 Sutton Oaks Dr		<b>Transaction ID : SA11AI.4141</b>	
City Chantilly	State VA	Zip Code 20151	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00	
Name of Employer Schneider Electric	Occupation Sales		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 450.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<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)  
**Howie Lind for Congress**

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

Mailing Address 43279 Warwick hills Ct

City Leesburg State VA Zip Code 20176

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA11AI.4133**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 4330 Greenberry Ln

City Annandale State VA Zip Code 22003

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

Name of Employer Self Occupation Mortgage Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11AI.4344**

Amount of Each Receipt this Period  
 In-kind - Policy Consultant fee 2000.00

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

Mailing Address 7121 Darby Rd

City Bethesda State MD Zip Code 20817

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.4214**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<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)  
**Howie Lind for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Chaz M Holland Jr.**

Mailing Address 1522 Sadlers Wells Dr

City Herndon State VA Zip Code 20170

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11AI.4371**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

Mailing Address 9513 Veirs Drive Unit #1

City Rockville State MD Zip Code 20850

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.4158**

Amount of Each Receipt this Period  
 2600.00  
 Contribution

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

Mailing Address 9513 Veirs Drive Unit #1

City Rockville State MD Zip Code 20850

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.4160**

Amount of Each Receipt this Period  
 2600.00  
 Contribution

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

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

5700.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<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)  
**Howie Lind for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edward G McAnaney**

Mailing Address Suffield Village

City Suffield State CT Zip Code 06078

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

Name of Employer Attorney Occupation McAnaney & McAnaney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : SA11AI.4125**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 18 31st St

City Gulfport State MS Zip Code 35907

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

Name of Employer Election Impact Group Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 05 / 2014

**Transaction ID : SA11AI.4387**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 6413 Divine St

City Mclean State VA Zip Code 22101

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

Name of Employer World Bank Occupation Senior Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.4147**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<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)  
**Howie Lind for Congress**

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

Mailing Address **PO Box 616**

City **Lewes** State **DE** Zip Code **19958**

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

Name of Employer **US Postal Service** Occupation **Treasurer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11AI.4161**

Amount of Each Receipt this Period  
**2600.00**  
 Contribution

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

Mailing Address **PO Box 616**

City **Lewes** State **DE** Zip Code **19958**

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

Name of Employer **US Postal Service** Occupation **Treasurer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11AI.4163**

Amount of Each Receipt this Period  
**2600.00**  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Sharon K Todd**

Mailing Address **6605 Madison Mclean Dr**

City **Mclean** State **VA** Zip Code **22101**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : SA11AI.4149**

Amount of Each Receipt this Period  
**1000.00**  
 Contribution

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

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

**6200.00**

**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 35  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

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

Mailing Address 16408 Freemont Ln

City State Zip Code  
Purcellville VA 20132

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

Name of Employer Occupation  
One Thing Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 04 / 2014

**Transaction ID : SA11AI.4377**

Amount of Each Receipt this Period  
 Contribution 400.00

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

Mailing Address 107 Proclamation Dr

City State Zip Code  
Winchester VA 22603

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.4119**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 107 Proclamation Dr

City State Zip Code  
Winchester VA 22603

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4155**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

900.00

18300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
<input type="checkbox"/> 11a 12	<input checked="" 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)  
**Howie Lind for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Howard Rhodes Lind**

Mailing Address 1313 Rockland Terrace

City Mclean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C H4VA10121**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**75000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 12 / 2014**

**Transaction ID : SA13A.4169**

Amount of Each Receipt this Period  
**75000.00**

Loan from Candidate

**B.** Full Name (Last, First, Middle Initial)  
**Howard Rhodes Lind**

Mailing Address 1313 Rockland Terrace

City Mclean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C H4VA10121**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**95000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 06 / 2014**

**Transaction ID : SA13A.4171**

Amount of Each Receipt this Period  
**20000.00**

Loan from Candidate

**C.** Full Name (Last, First, Middle Initial)  
**Howard Rhodes Lind**

Mailing Address 1313 Rockland Terrace

City Mclean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C H4VA10121**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**120000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : SA13A.4172**

Amount of Each Receipt this Period  
**25000.00**

Loan from Candidate

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

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

**120000.00**

**120000.00**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35			
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. 10TH DISTRICT REPUBLICAN CONGRESSIONAL COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address PO BOX 650552			Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.4188</b>
City POTOMAC FALLS	State VA	Zip Code 20165	
Purpose of Disbursement Candidate Filing Fee		Category/ Type 008	
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. Barchetta Enterprises, LC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 7138 Little River TP # 210			Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : SB17.4285</b>
City Annandale	State VA	Zip Code 22003	
Purpose of Disbursement Acctg & Compliance Services		Category/ Type 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: _____		

Full Name (Last, First, Middle Initial) <b>c. Dell Computers</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1 Dell Way			Amount of Each Disbursement this Period 676.26 <b>Transaction ID : SB17.4250</b>
City Round Rock	State TX	Zip Code 78682	
Purpose of Disbursement Office Equipment		Category/ Type 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).....	11876.26
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 35			
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dell Computers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1 Dell Way		Amount of Each Disbursement this Period 233.19
City Round Rock	State TX Zip Code 78682	
Purpose of Disbursement Office equipment	Category/Type 001	<b>Transaction ID : SB17.4255</b>
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. Dell Computers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1 Dell Way		Amount of Each Disbursement this Period 179.14
City Round Rock	State TX Zip Code 78682	
Purpose of Disbursement Office equipment	Category/Type 001	<b>Transaction ID : SB17.4264</b>
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. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1500.00
City Gulfport	State MS Zip Code 39057	
Purpose of Disbursement Campaign Mgmt Consulting fee	Category/Type 001	<b>Transaction ID : SB17.4190</b>
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).....	1912.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 35		
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 443.58 <b>Transaction ID : SB17.4192</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Reimburse Travel expense	Category/ Type 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>B. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1117.19 <b>Transaction ID : SB17.4193</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Printing - stickers	Category/ Type 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:	

Full Name (Last, First, Middle Initial) <b>c. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 301.17 <b>Transaction ID : SB17.4194</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Office supplies	Category/ Type 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).....	1861.94
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 35			
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4223</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Consulting fee	Category/ Type 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:	

Full Name (Last, First, Middle Initial) <b>B. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 2560.00 <b>Transaction ID : SB17.4225</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Printing Expense, letterhead, envelopes	Category/ Type 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:	

Full Name (Last, First, Middle Initial) <b>c. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1185.91 <b>Transaction ID : SB17.4226</b>
City Gulfport	State MS	
Zip Code 39057	Purpose of Disbursement Office supplies	Category/ Type 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).....	5245.91
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35		
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 2379.10 <b>Transaction ID : SB17.4263</b>
City Gulfport State MS Zip Code 39057	Purpose of Disbursement Consulting fee, reimburse office supplies & postage 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. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1600.00 <b>Transaction ID : SB17.4288</b>
City Gulfport State MS Zip Code 39057	Purpose of Disbursement Consultant 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. Election Impact Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 18 31st St		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4310</b>
City Gulfport State MS Zip Code 39057	Purpose of Disbursement Consulting 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5479.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35			
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4178</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Policy Consultant fee Candidate Name Category/Type 001	
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. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4186</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Policy Consultant fee Candidate Name Category/Type 001	
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. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4216</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Consultant fee Candidate Name Category/Type 001	
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).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 35	
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4273</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Consultant 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. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4277</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Consultant 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. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4278</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Consultant 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:		

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 35			
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4305</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement Consultant 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. Michael Giere</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 4330 Greenberry Ln		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4345</b>
City Annandale State VA Zip Code 22003	Purpose of Disbursement In-kind - Policy Consultant fee	
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. Gretchen Hahn</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 11033 Thrush Ridge Rd		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.4262</b>
City Reston State VA Zip Code 20191	Purpose of Disbursement Consultant 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 35		
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Phillip Hamilton</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 147 Yorktown Dr		Amount of Each Disbursement this Period 1060.53 <b>Transaction ID : SB17.4235</b>
City Ruther Glen	State VA	
Zip Code 22546	Purpose of Disbursement Consultant fee, reimburse travel expense	Category/ Type 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:	

Full Name (Last, First, Middle Initial) <b>B. Phillip Hamilton</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 147 Yorktown Dr		Amount of Each Disbursement this Period 1666.21 <b>Transaction ID : SB17.4291</b>
City Ruther Glen	State VA	
Zip Code 22546	Purpose of Disbursement Consulting fee	Category/ Type 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:	

Full Name (Last, First, Middle Initial) <b>c. Charles Kettner</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address POB 68448		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4196</b>
City Virginia Beach	State VA	
Zip Code 23471	Purpose of Disbursement Public Relations Consulting fee	Category/ Type 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).....	4726.74
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 35			
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Howard Rhodes Lind</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 1313 Rockland Terrace		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.4173</b>
City Mclean State VA Zip Code 22101	Purpose of Disbursement Reimburse Reston GOP Dinner Registration Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 10	

Full Name (Last, First, Middle Initial) <b>B. Howard Rhodes Lind</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 1313 Rockland Terrace		Amount of Each Disbursement this Period 6000.00 <b>Transaction ID : SB17.4174</b>
City Mclean State VA Zip Code 22101	Purpose of Disbursement Reimburse Campaign Manager Retainer Fee Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 10	

Full Name (Last, First, Middle Initial) <b>c. Howard Rhodes Lind</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 1313 Rockland Terrace		Amount of Each Disbursement this Period 1318.50 <b>Transaction ID : SB17.4175</b>
City Mclean State VA Zip Code 22101	Purpose of Disbursement Reimburse Campaign Manager travel expense Candidate Name Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 10	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7968.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 35			
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Howard Rhodes Lind</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 1313 Rockland Terrace		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4176</b>
City Mclean State VA Zip Code 22101	Purpose of Disbursement Reimburse Field Director Retainer (Orndorff) Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Howard Rhodes Lind</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 1313 Rockland Terrace		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4177</b>
City Mclean State VA Zip Code 22101	Purpose of Disbursement Reimburse Frederick County GOP Dinner registration Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Mountaintop Media</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 6762.87 <b>Transaction ID : SB17.4181</b>
City Sparta State NJ Zip Code 07871	Purpose of Disbursement inv 7973 stationery, envelopes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10012.87
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 35			
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mountaintop Media</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address POB 578			Amount of Each Disbursement this Period 812.50 <b>Transaction ID : SB17.4184</b>
City Sparta	State NJ	Zip Code 07871	
Purpose of Disbursement Printing - palm cards		Category/ Type 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:			

Full Name (Last, First, Middle Initial) <b>B. Mountaintop Media</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address POB 578			Amount of Each Disbursement this Period 561.39 <b>Transaction ID : SB17.4185</b>
City Sparta	State NJ	Zip Code 07871	
Purpose of Disbursement Reimburse Travel Expense		Category/ Type 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. Mountaintop Media</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address POB 578			Amount of Each Disbursement this Period 11.15 <b>Transaction ID : SB17.4195</b>
City Sparta	State NJ	Zip Code 07871	
Purpose of Disbursement Radio Advertising		Category/ Type 004	
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).....	1385.04
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 35		
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 14063.76 <b>Transaction ID : SB17.4220</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Postage for mailer	Category/ Type 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. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 3588.00 <b>Transaction ID : SB17.4253</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement TV Video production	Category/ Type 004
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. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 12471.90 <b>Transaction ID : SB17.4254</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Printing - fundraising mailer	Category/ Type 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30123.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 35	
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 2825.00 <b>Transaction ID : SB17.4289</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Video production	Category/ Type 004
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. Mountaintop Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address POB 578		Amount of Each Disbursement this Period 3821.00 <b>Transaction ID : SB17.4290</b>
City Sparta	State NJ	
Zip Code 07871	Purpose of Disbursement Radio advertising	Category/ Type 004
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. Edward Newland</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 3102 Cameron Mills Rd		Amount of Each Disbursement this Period 500.50 <b>Transaction ID : SB17.4251</b>
City Alexandria	State VA	
Zip Code 22302	Purpose of Disbursement Consultant fee	Category/ Type 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).....	7146.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 35		
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nova Digital Films</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 9702 Dublin Dr		Amount of Each Disbursement this Period 550.00
City Manassas	State VA	
Zip Code 20109	Purpose of Disbursement Video production	<b>Transaction ID : SB17.4271</b>
Candidate Name	004 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. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 11816 Spectrum Center		Amount of Each Disbursement this Period 23.87
City Reston	State VA	
Zip Code 20191	Purpose of Disbursement Office supplies	<b>Transaction ID : SB17.4293</b>
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:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 11816 Spectrum Center		Amount of Each Disbursement this Period 3.70
City Reston	State VA	
Zip Code 20191	Purpose of Disbursement Office supplies	<b>Transaction ID : SB17.4294</b>
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).....	577.57
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 35		
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 11816 Spectrum Center		Amount of Each Disbursement this Period 52.21 <b>Transaction ID : SB17.4300</b>
City Reston State VA Zip Code 20191	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
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 Y 04 / 02 / 2014
Mailing Address 11816 Spectrum Center		Amount of Each Disbursement this Period 9.85 <b>Transaction ID : SB17.4355</b>
City Reston State VA Zip Code 20191	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
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. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 11816 Spectrum Center		Amount of Each Disbursement this Period 19.81 <b>Transaction ID : SB17.4356</b>
City Reston State VA Zip Code 20191	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
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).....	81.87
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 35	
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 11816 Spectrum Center		Amount of Each Disbursement this Period 31.21
City Reston	State VA Zip Code 20191	
Purpose of Disbursement Office supplies	Category/Type 001	<b>Transaction ID : SB17.4357</b>
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 Y 04 / 06 / 2014
Mailing Address 11816 Spectrum Center		Amount of Each Disbursement this Period 25.35
City Reston	State VA Zip Code 20191	
Purpose of Disbursement Office supplies	Category/Type 001	<b>Transaction ID : SB17.4366</b>
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. Craig Orndorff</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 467 Toll House Rd		Amount of Each Disbursement this Period 1500.00
City Maurertown	State VA Zip Code 22644	
Purpose of Disbursement Consultant - field director	Category/Type 001	<b>Transaction ID : SB17.4229</b>
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).....	1556.56
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 35			
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Craig Orndorff</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 18 / 2014</b>
Mailing Address <b>467 Toll House Rd</b>		Amount of Each Disbursement this Period <b>708.23</b> <b>Transaction ID : SB17.4275</b>
City <b>Maurertown</b> State <b>VA</b> Zip Code <b>22644</b>	Purpose of Disbursement <b>Travel expense</b> <b>002</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Craig Orndorff</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2014</b>
Mailing Address <b>467 Toll House Rd</b>		Amount of Each Disbursement this Period <b>1500.00</b> <b>Transaction ID : SB17.4282</b>
City <b>Maurertown</b> State <b>VA</b> Zip Code <b>22644</b>	Purpose of Disbursement <b>Consultant fee</b> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Craig Orndorff</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2014</b>
Mailing Address <b>467 Toll House Rd</b>		Amount of Each Disbursement this Period <b>375.08</b> <b>Transaction ID : SB17.4287</b>
City <b>Maurertown</b> State <b>VA</b> Zip Code <b>22644</b>	Purpose of Disbursement <b>Reimburse travel expense</b> <b>002</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2583.31</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 35			
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cynthia Schmit</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1940 Taylor Dr #3		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4307</b>
City Winchester	State VA Zip Code 22601	
Purpose of Disbursement Volunteer Coordinator fee	Category/Type 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:		

Full Name (Last, First, Middle Initial) <b>B. Cynthia Schmit</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1940 Taylor Dr #3		Amount of Each Disbursement this Period 91.11 <b>Transaction ID : SB17.4309</b>
City Winchester	State VA Zip Code 22601	
Purpose of Disbursement Travel expense	Category/Type 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. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 8409 Lee Hwy		Amount of Each Disbursement this Period 245.00 <b>Transaction ID : SB17.4295</b>
City Merrifield	State VA Zip Code 22081	
Purpose of Disbursement Postage	Category/Type 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).....	1086.11
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 35	
	<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)  
**Howie Lind for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 8409 Lee Hwy		Amount of Each Disbursement this Period 147.00
City Merrifeld	State VA	
Zip Code 22081	Purpose of Disbursement Postage	<b>Transaction ID : SB17.4358</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Westin Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 11750 Sunrise Valley Dr		Amount of Each Disbursement this Period 88.48
City Reston	State VA	
Zip Code 20191	Purpose of Disbursement Lodging	<b>Transaction ID : SB17.4270</b>
Candidate Name	002 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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	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).....	235.48
<b>TOTAL</b> This Period (last page this line number only).....	100059.75



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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Howie Lind for Congress**

Transaction ID : **SC/10.4169**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Howard Rhodes Lind**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
1313 Rockland Terrace

City State ZIP Code  
Mclean VA 22101

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
75000.00 0.00 75000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
02 / 12 / 2014 M M / D D / 5/31/2014 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 75000.00

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

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

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

NAME OF COMMITTEE (In Full) **Howie Lind for Congress** Transaction ID : **SC/10.4171**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Howard Rhodes Lind**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
1313 Rockland Terrace

City State ZIP Code  
Mclean VA 22101

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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**TERMS**

Date Incurred M 03 / D 06 / Y 2014	Date Due M M / D D / Y 5/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 20000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Howie Lind for Congress** Transaction ID : **SC/10.4172**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Howard Rhodes Lind**  Primary  
 Mailing Address 1313 Rockland Terrace  General  
 Other (specify) ▼

City State ZIP Code  
 Mclean VA 22101

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

Date Incurred M 03 / D 25 / Y 2014	Date Due M M / D D / Y 5/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	120000.00

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