

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

SECRETARY OF THE SENATE

14 MAY - Office Use Only 34

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

Jill Bossi for Senate

ADDRESS (number and street) PO Box 213175

Check if different than previously reported. (ACC) Columbia SC 29221

2. FEC IDENTIFICATION NUMBER ▼ C

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

3. IS THIS REPORT X NEW (N) OR AMENDED (A) SC

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)

X Convention (12C) Special (12S)

Election on 05 / 10 / 2014 in the State of SC

(c) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 03 / 18 / 2014 through 04 / 20 / 2014

Initial first campaign deposit

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 Jacci Wagner

Signature of Treasurer [Signature] Date 04 / 24 / 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.

Office Use Only							
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1402034076

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

*Jill Bossi for Senate*

Report Covering the Period: From:

*03 / 18 / 2014*

To:

*04 / 20 / 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)) ..	, 6,820.00	, 6,820.00
(b) Total Contribution Refunds (from Line 20(d)) ..	, , 0	, , 0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	, 6,820.00	, 6,820.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	2,813.08	, 2,813.08
(b) Total Offsets to Operating Expenditures (from Line 14)...	, , 0	, , 0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	, 2,813.08	, 2,813.08
8. Cash on Hand at Close of Reporting Period (from Line 27)...	, 4,006.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	, , 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	, , 0	

**For further information contact:**

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

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

14020340777

**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

Jill Bossi for Senate

Report Covering the Period: From: 03 / 18 / 2014

To: 04 / 20 / 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)...	5,720.00	5,720.00
(ii) Unitemized.....	0	0
(iii) TOTAL of contributions from individuals .	5,720.00	5,720.00
(b) Political Party Committees...	0	0
(c) Other Political Committees (such as PACs)...	0	0
(d) The Candidate .....	1,100.00	1,100.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6,820.00	6,820.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0	0
(b) All Other Loans...	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	6,820.00	6,820.00

1402034078

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	, 2,813.08	, 2,813.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	, , 0	, , 0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	, , 0	, , 0
(b) Of All Other Loans .....	, , 0	, , 0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	, , 0	, , 0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...	, , 0	, , 0
(b) Political Party Committees...	, , 0	, , 0
(c) Other Political Committees (such as PACs) ..	, , 0	, , 0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	, , 0	, , 0
21. OTHER DISBURSEMENTS...	, , 0	, , 0
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	, 2,813.08	, 2,813.08

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	, , 0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	, 6,820.00
25. SUBTOTAL (add Line 23 and Line 24)...	, 6,820.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	, 2,813.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	, 4,006.92

14020340779

**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 6

(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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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)  
*Jill Bossi for Senate*

A. *David Griffin*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: *17605 West Burleigh Rd.*  
 City: *Brookfield* State: *WI* Zip Code: *53045*  
 Date of Receipt: *04 / 15 / 2014*  
 Amount of Each Receipt this Period: *, 500.00*  
 FEC ID number of contributing federal political committee: *C*  
 Name of Employer: *Self-employed* Occupation: *Orthodontist*  
 Receipt For:  Primary  General  Other (specify) *Convention*  
 Election Cycle-to-Date: *, 500.00*

B. *Gregg Brandyberry*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: *125 Schetter Rd. #876*  
 City: *Lincolnshire* State: *IL* Zip Code: *60069*  
 Date of Receipt: *04 / 16 / 2014*  
 Amount of Each Receipt this Period: *, 100.00*  
 FEC ID number of contributing federal political committee: *C*  
 Name of Employer: *Rapid Deploy Procurement* Occupation: *Consultant*  
 Receipt For:  Primary  General  Other (specify) *Convention*  
 Election Cycle-to-Date: *, 100.00*

C. *Jimmy Anklesaria*  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: *1172 Cuchara Dr.*  
 City: *Del Mar* State: *CA* Zip Code: *92014*  
 Date of Receipt: *04 / 17 / 2014*  
 Amount of Each Receipt this Period: *, 1,000.00*  
 FEC ID number of contributing federal political committee: *C*  
 Name of Employer: *Anklesaria Group, Inc.* Occupation: *CEO*  
 Receipt For:  Primary  General  Other (specify) *Convention*  
 Election Cycle-to-Date: *, 1,000.00*

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

14020340780

**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 2 OF 6	
	<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)  
*Jill Bossi for Senate*

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

Mailing Address  
*2520 Brighton Dam Rd.*

City  
*Brookeville* State  
*MD* Zip Code  
*20833*

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

Name of Employer  
*EACCM* Occupation  
*Senior Director*

Receipt For:  
 Primary  General  
 Other (specify)  
*convention*

Election Cycle-to-Date  
*, 250.00*

Date of Receipt  
M M / D D / Y Y Y Y  
*04 / 08 / 2014*

Amount of Each Receipt this Period  
*, 250.00*

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

Mailing Address  
*6316 Woodleigh Oaks Dr.*

City  
*Charlotte* State  
*NC* Zip Code  
*28226*

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

Name of Employer  
*Sonic Automotive* Occupation  
*Director Shared Services*

Receipt For:  
 Primary  General  
 Other (specify)  
*convention*

Election Cycle-to-Date  
*, 50.00*

Date of Receipt  
M M / D D / Y Y Y Y  
*04 / 11 / 2014*

Amount of Each Receipt this Period  
*, 50.00*

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

Mailing Address  
*8307 Mullen Rd.*

City  
*Lexxa* State  
*KS* Zip Code  
*66215*

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

Name of Employer  
*Apple, Inc.* Occupation  
*At Home Advisor*

Receipt For:  
 Primary  General  
 Other (specify)  
*convention*

Election Cycle-to-Date  
*, 25.00*

Date of Receipt  
M M / D D / Y Y Y Y  
*04 / 12 / 2014*

Amount of Each Receipt this Period  
*, 25.00*

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

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

Amount of Each Receipt this Period

14020340781

**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 3 OF 6

<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)

*Jill Bossi for Senate*

Full Name (Last, First, Middle Initial)

*Linda Michels*

A.

Mailing Address

*12217 E. Mountain View Rd.*

City

*Scottsdale*

State

*AZ*

Zip Code

*8585259*

Date of Receipt

*03 27 2014*

FEC ID number of contributing federal political committee.

*C*

Amount of Each Receipt this Period

*, 500.00*

Name of Employer

*Int. Par Supply Management*

Occupation

*V.P. Research - Analysis*

Receipt For:

Primary  General

Other (specify)  
*convention*

Election Cycle-to-Date

*, 500.00*

Full Name (Last, First, Middle Initial)

*Barbara Rakes*

B.

Mailing Address

*1524 Westminster Dr.*

City

*Columbia*

State

*SC*

Zip Code

*29204*

Date of Receipt

*03 31 2014*

FEC ID number of contributing federal political committee.

*C*

Amount of Each Receipt this Period

*, 50.00*

Name of Employer

*The Rakes Group*

Occupation

*Internet Strategist*

Receipt For:

Primary  General

Other (specify)  
*convention*

Election Cycle-to-Date

*, 50.00*

Full Name (Last, First, Middle Initial)

*Lisa Griffin*

C.

Mailing Address

*9074 Tulagi Ct.*

City

*Tega Cay*

State

*SC*

Zip Code

*29708*

Date of Receipt

*04 02 2014*

FEC ID number of contributing federal political committee.

*C*

Amount of Each Receipt this Period

*, 100.00*

Name of Employer

*Novant Health*

Occupation

*Planning Management*

Receipt For:

Primary  General

Other (specify)  
*convention*

Election Cycle-to-Date

*, 100.00*

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

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

14020340782

**SCHEDULE A (FEC Form 3)**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 4 OF 6

(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)  
**Jill Bossi for Senate**

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

Mailing Address  
**798 Country Club Dr.**

City **Pawleys Island** State **SC** Zip Code **29585**

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

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

Receipt For:  
 Primary  General  
 Other (specify) **convention**

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 07 / 2014**

Amount of Each Receipt this Period  
 , , **25.00**

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

Mailing Address  
**137 Wyndham Rd.**

City **Pawleys Island** State **SC** Zip Code **29585**

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

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

Receipt For:  
 Primary  General  
 Other (specify) **convention**

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 07 / 2014**

Amount of Each Receipt this Period  
 , , **50.00**

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

Mailing Address  
**209 Heritage Dr.**

City **Pawleys Island** State **SC** Zip Code **29585**

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

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

Receipt For:  
 Primary  General  
 Other (specify) **convention**

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 07 / 2014**

Amount of Each Receipt this Period  
 , , **100.00**

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

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

14020340783



**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 6

(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)

Jill Bossi for Senate

Full Name (Last, First, Middle Initial)

A. Jim Chaney

Mailing Address

723 Robin Dr.

City

Georgetown

State

SC

Zip Code

29440

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

Primary  General

Other (specify)

convention

Election Cycle-to-Date

, , 50.00

Date of Receipt

04 / 08 / 2014

Amount of Each Receipt this Period

, , 50.00

B. Sally Hare

Mailing Address

P.O. Box 14028 619 2nd Ave.

City

N. Surfside Beach

State

SC

Zip Code

29575

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

Primary  General

Other (specify)

convention

Election Cycle-to-Date

, , 300.00

Date of Receipt

04 / 08 / 2014

Amount of Each Receipt this Period

, , 300.00

C. Herbert Wallace

Mailing Address

1715 Old Briar Ln.

City

Charlotte

State

NC

Zip Code

28216

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

Primary  General

Other (specify)

convention

Election Cycle-to-Date

, , 20.00

Date of Receipt

04 / 08 / 2014

Amount of Each Receipt this Period

, , 20.00

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

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

14020340784

**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 **6**

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
<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)  
**Jill Bossi for Senate**

Full Name (Last, First, Middle Initial) <b>Frank Beattie</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 04 / 2014</b>
Mailing Address <b>494 Hopsewee Rd.</b>		Amount of Each Receipt this Period <b>2,600.00</b>
City <b>Georgetown</b>	State Zip Code <b>SC 29440</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2,600.00</b>
Name of Employer <b>Hopsewee Plantation</b>	Occupation <b>Owner</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>convention</b>	Election Cycle-to-Date <b>2,600.00</b>	

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

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
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).....	
<b>TOTAL</b> This Period (last page this line number only).....	

14020340785

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

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NAME OF COMMITTEE (In Full)  
**Jill Bossi for Senate**

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

Mailing Address  
**315 Calming Way**  
City **Tega Cay** State **SC** Zip Code **29708**

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

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

Amount of Each Receipt this Period  
**, 500.00**

Name of Employer **self-employed** Occupation **consultant**

Receipt For:  
 Primary  General  
 Other (specify) **convention**

Election Cycle-to-Date  
**, 500.00**

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

Mailing Address  
**315 Calming Way**  
City **Tega Cay** State **SC** Zip Code **29708**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 07 / 2014**

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

Amount of Each Receipt this Period  
**, 600.00**

Name of Employer **Self-employed** Occupation **consultant**

Receipt For:  
 Primary  General  
 Other (specify) **convention**

Election Cycle-to-Date  
**, 1,100.00**

C.

Mailing Address

City State Zip Code

Date of Receipt  
M M / / Y Y Y Y

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

Amount of Each Receipt this Period  
**, ,**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**, ,**

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

**, 6,820.00**

14020340786

**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 | OF

<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)

Full Name (Last, First, Middle Initial)

**A.** Center for Women

Mailing Address  
1225 Laurel St.

City Columbia State SC Zip Code 29201

Purpose of Disbursement  
Event registration fee

Candidate Name  
Jill Bossi

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  
convention

State: SC District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 08 / 2014

Amount of Each Disbursement this Period

, , 25.00

**B.** The Herald

Mailing Address  
132 W. Main St.

City Rock Hill State SC Zip Code 29730

Purpose of Disbursement  
Event registration fee

Candidate Name  
Jill Bossi

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  
convention

State: SC District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 11 / 2014

Amount of Each Disbursement this Period

, , 40.00

**C.** Pirux, Inc

Mailing Address  
144 2nd St, 1st Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
On-line transaction fee

Candidate Name  
Jill Bossi

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  
convention

State: SC District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 17 / 2014

Amount of Each Disbursement this Period

, , 148.08

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

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

14020340787

**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 2 OF 2

<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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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)  
*Jill Bossi for Senate*

A  
Full Name (Last, First, Middle Initial)  
*Frank Beattie*

Mailing Address  
*494 Hopewee Rd.*

City *Georgetown* State *SC* Zip Code *29440*

Purpose of Disbursement  
*In-kind: Food and beverage*

Candidate Name  
*Jill Bossi*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  
*Convention*

State: *SC* District:

Date of Disbursement  
M M / D D / Y Y Y Y  
*04 / 04 / 2014*

Amount of Each Disbursement this Period  
*2,600.00*

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

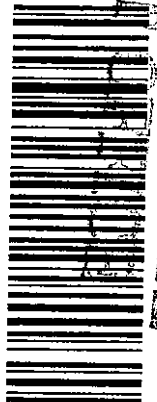
*2,813.08*

*2,813.08*

14020340788

1 4020340789  
Jill Bossi for U.S. Senate  
P.O. Box 213135  
Columbia, SC 29221

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SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
MAIL RATE OFFICE B1  
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United States Senate  
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DEL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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