

RECEIVED
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PUBLIC RECORDS

13 JUL 16 PM 3:17

Office Use Only

**FEC
FORM 3**

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

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

12FE4M5

CITIZENS FOR JOE MILLER

ADDRESS (number and street)

913 COLLEGE ROAD

Check if different than previously reported. (ACC)

FAIRBANKS

AK

99701

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00522730

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

AK

00

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

M M /

D D /

Y Y Y Y

in the State of

(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

M M / D D / Y Y Y Y
04 / 01 / 2013

through

M M / D D / Y Y Y Y
06 / 30 / 2013

M M / D D / Y Y Y Y
06 / 30 / 2013

M M / D D / Y Y Y Y
06 / 30 / 2013

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 BERNADETTE KOPPY

Signature of Treasurer BERNADETTE KOPPY

Date

M M / D D / Y Y Y Y
07 / 15 / 2013

M M / D D / Y Y Y Y
07 / 15 / 2013

M M / D D / Y Y Y Y
07 / 15 / 2013

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

FEC FORM 3
(Revised 02/2003)

13020314809

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CITIZENS FOR JOE MILLER

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	18315.28	18427.69
(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)).....	18315.28	18427.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32837.07	42734.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	50.55	50.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32786.52	42683.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	317454.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

13020314810

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 18

Write or Type Committee Name

CITIZENS FOR JOE MILLER

Report Covering the Period: From: MM / DD / YYYY
04 / 01 / 2013 To: MM / DD / YYYY
06 / 30 / 2013

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)	9100.00	9100.00
(ii) Unitemized	9215.28	9327.69
(iii) TOTAL of contributions from individuals ▶	18315.28	18427.69
(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))..	18315.28	18427.69
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	435459.57
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	50.55	50.55
15. OTHER RECEIPTS (Dividends, Interest, etc.)	28.51	334.18
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	18394.34	454271.99

13020314811

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32837.07	42734.07
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.....	94083.00	94083.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	126920.07	136817.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	425980.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18394.34
25. SUBTOTAL (add Line 23 and Line 24).....	444374.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	126920.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	317454.92

13020314812

**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 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 11d
		<input type="checkbox"/> 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)
CITIZENS FOR JOE MILLER

A. Full Name (Last, First, Middle Initial) MAREE BARNEY SUTLEY			Date of Receipt MM / DD / YYYY 05 / 07 / 2013
Mailing Address 1275 SADLER WAY SUITE 202			Transaction ID : SA11AI.4639
City FAIRBANKS	State AK	Zip Code 99701	Amount of Each Receipt this Period 2600.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		Occupation EXECUTIVE DIRECTOR	
Name of Employer ALASKA ORAL & FACIAL SURGERY, INC.		Election Cycle-to-Date 2600.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name (Last, First, Middle Initial) DONALD J. BASSLER			Date of Receipt MM / DD / YYYY 06 / 27 / 2013
Mailing Address 13100 BADGER LANE			Transaction ID : SA11AI.4614
City ANCHORAGE	State AK	Zip Code 99516	Amount of Each Receipt this Period 100.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		Occupation NONE	
Name of Employer NONE		Election Cycle-to-Date 300.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C. Full Name (Last, First, Middle Initial) RONALD R. BLAKEMAN			Date of Receipt MM / DD / YYYY 06 / 26 / 2013
Mailing Address 3408 WYOMING DRIVE			Transaction ID : SA11AI.4616
City ANCHORAGE	State AK	Zip Code 99517	Amount of Each Receipt this Period 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C		Occupation CARPENTER	
Name of Employer A.S.D. SCHOOL DISTRICT		Election Cycle-to-Date 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	2950.00
TOTAL This Period (last page this line number only).....	

13020314813

**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 18
	<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)
CITIZENS FOR JOE MILLER

A. Full Name (Last, First, Middle Initial)
JEFFREY P. GABEL

Mailing Address 425 CHN SAN ANTONIO PMB 463

City TAMUNING	State GU	Zip Code 96913
------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2013

Transaction ID : SA11AI.4569

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFFREY P. GABEL

Mailing Address 425 CHN SAN ANTONIO PMB 463

City TAMUNING	State GU	Zip Code 96913
------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2013

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 2701 YELLOWSTONE PARK LANE

City CORINTH	State TX	Zip Code 76210
-----------------	-------------	-------------------

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

Name of Employer FIDELITY NATIONAL FINANCIAL	Occupation DATABASE ADMINISTRATOR
---	--------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2013

Transaction ID : SA11AI.4402

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

3350.00

13020314814

**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 18
	<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)
CITIZENS FOR JOE MILLER

A. Full Name (Last, First, Middle Initial)
THOMAS J. KANE

Mailing Address 1070 AALAPAPA DR

City KAILUA State HI Zip Code 96734

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

Name of Employer SELF-EMPLOYED Occupation ORTHOPEDIC SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **06 / 29 / 2013**

Transaction ID : SA11AI.4565

Amount of Each Receipt this Period **200.00**
CONTRIBUTION

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

Mailing Address 1275 SADLER WAY SUITE 202

City FAIRBANKS State AK Zip Code 99701

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

Name of Employer ALASKA ORAL & FACIAL SURGERY, INC. Occupation ORAL SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **05 / 07 / 2013**

Transaction ID : SA11AI.4641

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

2800.00

9100.00

13020314815

**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 18
	<input 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 checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

A. Full Name (Last, First, Middle Initial)
BB&T

Mailing Address **1717 KING STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date **313.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : **SA15.4157**

Amount of Each Receipt this Period
8.23
 INTEREST INCOME

B. Full Name (Last, First, Middle Initial)
BB&T

Mailing Address **1717 KING STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date **315.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : **SA15.4168**

Amount of Each Receipt this Period
1.63
 INTEREST INCOME

C. Full Name (Last, First, Middle Initial)
BB&T

Mailing Address **1717 KING STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date **324.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y Y Y
05 / 31 / 2013

Transaction ID : **SA15.4158**

Amount of Each Receipt this Period
8.51
 INTEREST INCOME

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

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

18.37

13020314816

**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 18
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial) BB&T		Date of Receipt MM / DD / YYYY 05 / 31 / 2013
Mailing Address 1717 KING STREET		Transaction ID : SA15.4170
City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1.61 INTEREST INCOME	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.65	

Full Name (Last, First, Middle Initial) BB&T		Date of Receipt MM / DD / YYYY 06 / 07 / 2013
Mailing Address 1717 KING STREET		Transaction ID : SA15.4171
City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 0.30 INTEREST INCOME	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.95	

Full Name (Last, First, Middle Initial) BB&T		Date of Receipt MM / DD / YYYY 06 / 28 / 2013
Mailing Address 1717 KING STREET		Transaction ID : SA15.4159
City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 8.23 INTEREST INCOME	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 334.18	

SUBTOTAL of Receipts This Page (optional).....	10.14
TOTAL This Period (last page this line number only).....	28.51

13020314817

**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 10 OF 18

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

A. ABC SOFTWARE

Mailing Address 3230 W 6TH AVE #1

City ANCHORAGE State AK Zip Code 99502

Purpose of Disbursement
COMPUTER SOFTWARE

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
05 / 06 / 2013

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4175

Category/ Type

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 851001

City DALLAS State TX Zip Code 75285

Purpose of Disbursement
CREDIT CARD PAYMENT

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
06 / 10 / 2013

Amount of Each Disbursement this Period

8404.19

Transaction ID : SB17.4185

Category/ Type

Full Name (Last, First, Middle Initial)

C. AIR TRAN AIRWAYS

Mailing Address 9955 AIR TRAN BLVD

City ORLANDO State FL Zip Code 32827

Purpose of Disbursement
TRAVEL

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
06 / 10 / 2013

Amount of Each Disbursement this Period

338.60

Transaction ID : SB17.4185.0

[MEMO ITEM]

Category/ Type

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

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

8804.19

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12020314818

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial) A. ALASKA AIR		Date of Disbursement MM / DD / YYYY 06 / 10 / 2013
Mailing Address PO BOX 68900		Amount of Each Disbursement this Period 1092.82
City SEATTLE	State WA	
Zip Code 98168	Purpose of Disbursement TRAVEL	Transaction ID : SB17.4185.1
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ALASKA AIR		Date of Disbursement MM / DD / YYYY 06 / 10 / 2013
Mailing Address PO BOX 68900		Amount of Each Disbursement this Period 1225.60
City SEATTLE	State WA	
Zip Code 98168	Purpose of Disbursement TRAVEL	Transaction ID : SB17.4185.2
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ALASKA AIR		Date of Disbursement MM / DD / YYYY 06 / 10 / 2013
Mailing Address PO BOX 68900		Amount of Each Disbursement this Period 1749.80
City SEATTLE	State WA	
Zip Code 98168	Purpose of Disbursement TRAVEL	Transaction ID : SB17.4185.3
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

13020314819

**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 12 OF 18			
	<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)
CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial) A. THE BUCKLEY SCHOOL		Date of Disbursement
Mailing Address 1301 BROAD STREET		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City CAMDEN	State SC	Zip Code 29020
Purpose of Disbursement CANDIDATE TRAINING	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3500.00"/>
Candidate Name	Category/ Type	Transaction ID : SB17.4185.4
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ADVANTAGE CAR RENTAL		Date of Disbursement
Mailing Address 4200 RENTAL CAR ROAD		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City CHARLOTTE	State NC	Zip Code 28214
Purpose of Disbursement TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="205.07"/>
Candidate Name	Category/ Type	Transaction ID : SB17.4185.5
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement
Mailing Address 4200 E SKY HARBOR BLVD		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City PHOENIX	State AZ	Zip Code 85034
Purpose of Disbursement TRAVEL	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="242.30"/>
Candidate Name	Category/ Type	Transaction ID : SB17.4185.8
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

13020314820

**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)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATA MANAGEMENT SERVICES

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
04 / 20 / 2013

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4166

Category/
Type

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATA MANAGEMENT SERVICES

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
05 / 06 / 2013

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4177

Category/
Type

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

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
06 / 25 / 2013

Amount of Each Disbursement this Period

22.48

Transaction ID : SB17.4156

Category/
Type

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

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

1522.48

13020314821

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

A. COMPLIANCE CONSULTING LLC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 20 / 2013

Amount of Each Disbursement this Period: 550.00

Transaction ID : SB17.4162

Category/Type

B. COMPLIANCE CONSULTING LLC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 20 / 2013

Amount of Each Disbursement this Period: 550.00

Transaction ID : SB17.4167

Category/Type

C. FOLEY & LARDNER LLP

Full Name (Last, First, Middle Initial)
Mailing Address 3000 K STREET NW #600

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 20 / 2013

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.4163

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 1300.00

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

13020314822

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial) A. JUSTIN T. HART		Date of Disbursement MM / DD / YYYY 05 / 14 / 2013	
Mailing Address 42857 CHESTERTON STREET		Amount of Each Disbursement this Period 5000.00	
City ASHBURN	State VA	Zip Code 20147	Transaction ID : SB17.4179
Purpose of Disbursement WEBSITE SERVICES		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. MATTHEW JOHNSON		Date of Disbursement MM / DD / YYYY 05 / 01 / 2013	
Mailing Address PO BOX 670791		Amount of Each Disbursement this Period 2500.00	
City CHUGIAK	State AK	Zip Code 99567	Transaction ID : SB17.4173
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. MATTHEW JOHNSON		Date of Disbursement MM / DD / YYYY 05 / 15 / 2013	
Mailing Address PO BOX 670791		Amount of Each Disbursement this Period 3000.00	
City CHUGIAK	State AK	Zip Code 99567	Transaction ID : SB17.4181
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	10500.00
TOTAL This Period (last page this line number only).....	

13020314823

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial) A. MATTHEW JOHNSON		Date of Disbursement						
Mailing Address PO BOX 670791		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td>31</td> <td>2013</td> </tr> </table>	M M	D D	Y Y Y Y	05	31	2013
M M	D D	Y Y Y Y						
05	31	2013						
City CHUGIAK	State AK	Zip Code 99567						
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type	Amount of Each Disbursement this Period 3000.00						
Candidate Name	Transaction ID : SB17.4182							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: District:								

Full Name (Last, First, Middle Initial) B. MATTHEW JOHNSON		Date of Disbursement						
Mailing Address PO BOX 670791		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>15</td> <td>2013</td> </tr> </table>	M M	D D	Y Y Y Y	06	15	2013
M M	D D	Y Y Y Y						
06	15	2013						
City CHUGIAK	State AK	Zip Code 99567						
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type	Amount of Each Disbursement this Period 3000.00						
Candidate Name	Transaction ID : SB17.4187							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: District:								

Full Name (Last, First, Middle Initial) C. MATTHEW JOHNSON		Date of Disbursement						
Mailing Address PO BOX 670791		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>30</td> <td>2013</td> </tr> </table>	M M	D D	Y Y Y Y	06	30	2013
M M	D D	Y Y Y Y						
06	30	2013						
City CHUGIAK	State AK	Zip Code 99567						
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type	Amount of Each Disbursement this Period 3000.00						
Candidate Name	Transaction ID : SB17.4188							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: District:								

SUBTOTAL of Disbursements This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	

13020314824

**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 18

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial) A. BILL PECK		Date of Disbursement MM / DD / YYYY 04 / 20 / 2013
Mailing Address 2900 AUDEN COURT		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4164
City ABINGDON	State MD	
Zip Code 21009	Purpose of Disbursement SURVEY RESEARCH	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement MM / DD / YYYY 06 / 28 / 2013
Mailing Address 144 2ND ST 1ST FLOOR		Amount of Each Disbursement this Period 422.40 Transaction ID : SB17.4664
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. SPRINGDALE HALL CLUB		Date of Disbursement MM / DD / YYYY 06 / 05 / 2013
Mailing Address PO BOX 547		Amount of Each Disbursement this Period 258.00 Transaction ID : SB17.4183
City CAMDEN	State SC	
Zip Code 29021	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1680.40
TOTAL This Period (last page this line number only).....	32807.07

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

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Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

A. STATE OF ALASKA

Full Name (Last, First, Middle Initial)
Mailing Address 101 LACY STREET

City FAIRBANKS State AK Zip Code 99701

Purpose of Disbursement
JUDGMENT - LEGAL ACTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 26 / 2013

Amount of Each Disbursement this Period
94083.00

Transaction ID : SB21.4160

Category/Type

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
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

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
MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 94083.00

TOTAL This Period (last page this line number only)..... 94083.00

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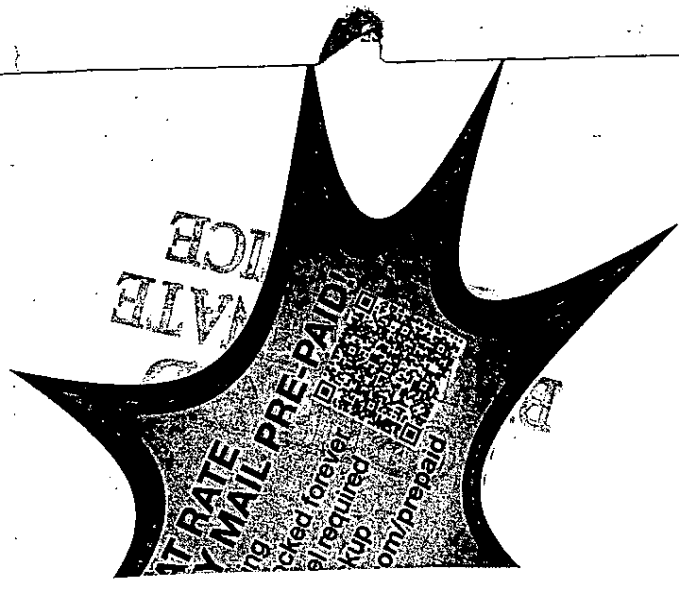
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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

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Date of Receipt

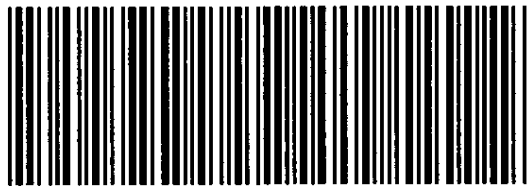
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