

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
GRAYSON COMMITTEE

ADDRESS (number and street) PO BOX 181
 Check if different than previously reported. (ACC) REDAN GA 30074

2. **FEC IDENTIFICATION NUMBER** ▼ C C00545111 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
GA 11

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 10 / 01 / 2013 through M M / D D / Y Y Y Y 12 / 31 / 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 PATRICIA BROWN

Signature of Treasurer PATRICIA BROWN [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 09 / 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
GRAYSON COMMITTEE

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))....	2027.77	7432.67
(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)).....	2027.77	7432.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1221.86	6577.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1221.86	6577.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1186.58	
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).....	315.00	

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

GRAYSON COMMITTEE

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	410.00	1910.00
(ii) Unitemized.....	1617.77	5522.67
(iii) TOTAL of contributions from individuals ▶	2027.77	7432.67
(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))..	2027.77	7432.67
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	16.38
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2027.77	8449.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1221.86	6577.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	310.00	685.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	310.00	685.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1531.86	7262.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	690.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2027.77
25. SUBTOTAL (add Line 23 and Line 24).....	2718.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1531.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1186.58

**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 10
	<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)
GRAYSON COMMITTEE

A. Full Name (Last, First, Middle Initial)
BARBARA DUNN

Mailing Address 230 Patricia Ln

City Fayetteville State GA Zip Code 30214

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.4470

Amount of Each Receipt this Period
 100.00

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

Mailing Address 230 Patricia Ln

City Fayetteville State GA Zip Code 30214

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2013

Transaction ID : SA11AI.4527

Amount of Each Receipt this Period
 10.00

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

Mailing Address 230 Patricia Ln

City Fayetteville State GA Zip Code 30214

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2013

Transaction ID : SA11AI.4541

Amount of Each Receipt this Period
 50.00

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

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

160.00

**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 10			
	<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)
GRAYSON COMMITTEE

A. Full Name (Last, First, Middle Initial)
HANK SULLIVAN

Mailing Address 2310 Goldmine Dr

City State Zip Code
Cumming GA 30040

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

Name of Employer Occupation
Sullivan & Forbes Building and Builder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013

Transaction ID : SA11Al.4539

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

410.00

**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 7 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
GRAYSON COMMITTEE

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address 1601 WILLOW RD		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4593
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement ADVERTISING	Category/ Type 004
Candidate Name GRAYSON COMMITTEE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 11	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 58.00 Transaction ID : SB17.4591
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement ONLINE SERVICES	Category/ Type 001
Candidate Name GRAYSON COMMITTEE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 11	

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period 38.00 Transaction ID : SB17.4592
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement ONLINE SERVICES	Category/ Type 001
Candidate Name GRAYSON COMMITTEE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 11	

SUBTOTAL of Disbursements This Page (optional).....	296.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
GRAYSON COMMITTEE

Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. PAYPAL			M M / D D / Y Y Y Y 11 / 29 / 2013	
Mailing Address 2211 North First Street			Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131			37.77	
Purpose of Disbursement Transaction Fee			Transaction ID : SB17.4560	
Candidate Name GRAYSON COMMITTEE			Category/Type 001	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 11				

Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. PAYPAL			M M / D D / Y Y Y Y 12 / 30 / 2013	
Mailing Address 2211 North First Street			Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131			27.49	
Purpose of Disbursement Transaction Fee			Transaction ID : SB17.4563	
Candidate Name GRAYSON COMMITTEE			Category/Type 001	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 11				

Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. V PRINT			M M / D D / Y Y Y Y 11 / 15 / 2013	
Mailing Address 95 Hayden Avenue Lexington			Amount of Each Disbursement this Period	
City Lexington State MA Zip Code 02421			342.48	
Purpose of Disbursement PRINTING			Transaction ID : SB17.4565	
Candidate Name GRAYSON COMMITTEE			Category/Type 006	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 11				

SUBTOTAL of Disbursements This Page (optional).....	407.74
TOTAL This Period (last page this line number only).....	703.74

**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 9 OF 10	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
GRAYSON COMMITTEE

Full Name (Last, First, Middle Initial) A. DERRICK EARL GRAYSON			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address PO BOX 181			Amount of Each Disbursement this Period 310.00	
City REDAN	State GA	Zip Code 30074	Transaction ID : SB19A.4577	
Purpose of Disbursement LOAN REPAYMENT		Category/ Type 009		
Candidate Name GRAYSON COMMITTEE				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: GA	District: 11			

Full Name (Last, First, Middle Initial) B. DERRICK EARL GRAYSON			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013	
Mailing Address PO BOX 181			Amount of Each Disbursement this Period 140.00	
City REDAN	State GA	Zip Code 30074	Transaction ID : SB19A.4581	
Purpose of Disbursement LOAN REPAYMENT		Category/ Type 009		
Candidate Name GRAYSON COMMITTEE				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: GA	District: 11			

Full Name (Last, First, Middle Initial) C.			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		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).....	310.00
TOTAL This Period (last page this line number only).....	310.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **GRAYSON COMMITTEE** Transaction ID : **SC/10.4100**

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

Mailing Address
 PO BOX 181

City State ZIP Code
 REDAN GA 30074

Original Amount of Loan 1000.00	Cumulative Payment To Date 685.00	Balance Outstanding at Close of This Period 315.00
------------------------------------	--------------------------------------	---

TERMS

Date Incurred: M 04 / D 11 / Y 2013
 Date Due: M M / D D / Y 04/11/2014
 Interest Rate: 0.00 % (apr)
 Secured: 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).....	▶	[] 315.00
TOTALS This Period (last page in this line only).....	▶	[] 315.00

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