

**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

Gaughan for Congress

ADDRESS (number and street)

11800 Sunrise Valley Drive

Suite 320

Check if different than previously reported. (ACC)

Reston

VA

20191-5302

2. FEC IDENTIFICATION NUMBER ▼

C C00560193

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

VA

05

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Mr Lawrence Denis Gaughan

Signature of Treasurer Mr Lawrence Denis Gaughan

[Electronically Filed]

Date

/  /

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)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Gaughan for Congress**

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))....	10715.27	85894.26
(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)).....	10715.27	85894.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	18605.26	78131.65
(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)).....	18605.26	78131.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5886.80	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2311.50	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A

Transaction ID :

This Amended Filing corrects all identified errors in the original filing.

Form/Schedule:

Transaction ID:

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Gaughan for Congress

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
3000.00	44649.00	0.00
(ii) Unitemized		
4670.00	37073.00	50.00
(iii) Total of contributions from individuals		
7670.00	81722.00	50.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
3045.27	4172.26	269.89

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 31

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
10715.27	85894.26	319.89
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
10715.27	85894.26	319.89

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 31

Write or Type Committee Name

Gaughan for Congress

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
18605.26	78131.65	8403.70
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 7 / 31

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
------	------	------

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

18605.26	78131.65	8403.70
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

10715.27	85894.26	319.89
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

18605.26	78131.65	8403.70
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13776.79
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	10715.27
25. SUBTOTAL (add Line 23 and Line 24).....	24492.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18605.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	5886.80

**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 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Gaughan for Congress**

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

Mailing Address 212 Minton Cir

City State Zip Code  
Moneta VA 24121-2940

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

Name of Employer Occupation  
Center for Pediatric Therapies, Inc. speech-language pathologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : VNVQMD5MFH3**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 212 Minton Cir

City State Zip Code  
Moneta VA 24121-2940

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

Name of Employer Occupation  
Center for Pediatric Therapies, Inc. speech-language pathologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2014

**Transaction ID : VNVQMD8TE41**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**John W. Bittinger**

Mailing Address 4084 Davis Creek Ln

City State Zip Code  
Lovingson VA 22949-2606

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  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : VNVQMD6QSQ8**

Amount of Each Receipt this Period  
250.00

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

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

300.00



**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 31
	<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)  
**Gaughan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeanne M. Capello**

Mailing Address **PO Box 384**

City **Boydton** State **VA** Zip Code **23917-0384**

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

Name of Employer **Self** Occupation **Business Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 01 / 2014**

**Transaction ID : VNVQMD8KBC5**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**John W Erdwurm**

Mailing Address **107 Dover Ct**

City **Charlottesville** State **VA** Zip Code **22901-1011**

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

Name of Employer **Chenille Media** Occupation **Writer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 23 / 2014**

**Transaction ID : VNVQMD6R4K8**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **3400 Rodman Dr**

City **Charlottesville** State **VA** Zip Code **22901-9450**

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

Name of Employer **Va Museum of Nat. Hist** Occupation **Educator**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : VNVQMD6QG98**

Amount of Each Receipt this Period  
**100.00**

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

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

**400.00**

**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 31
	<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)  
**Gaughan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Peter G. Hallock**

Mailing Address **PO Box 3**

City **Keswick** State **VA** Zip Code **22947-0003**

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 **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 01 / 2014**

**Transaction ID : VNVQMD8KCC8**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Virginia W.T. Harbaugh**

Mailing Address **1930 Thomson Rd**

City **Charlottesville** State **VA** Zip Code **22903-2477**

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

Name of Employer **none** Occupation **not employed**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : VNVQMD6QMG1**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **809 Winston Ter**

City **Charlottesville** State **VA** Zip Code **22903-1636**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 01 / 2014**

**Transaction ID : VNVQMD8RWM4**

Amount of Each Receipt this Period  
**100.00**

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

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

**400.00**

**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 31  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Gaughan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Kramer**  
 Mailing Address 1650 Garth Gate Ln  
 City State Zip Code  
 Charlottesville VA 22901-5457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Virginia Health System Physician  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014  
**Transaction ID : VNVQMD6QEP5**  
 Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
**Ludwig Kuttner**  
 Mailing Address PO Box 359  
 City State Zip Code  
 Keene VA 22946-0359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HAMPSHIRE INVESTMENTS, LTD. CEO  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : VNVQMD77HC1**  
 Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**George Leaman**  
 Mailing Address PO Box 39  
 City State Zip Code  
 Ivy VA 22945-0039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Philosophy Documentation Center publisher  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2014  
**Transaction ID : VNVQMD8S1X7**  
 Amount of Each Receipt this Period  
 500.00

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

800.00

**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 31
	<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)  
**Gaughan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wren Dawson Olivier**

Mailing Address 4632 Green Creek Rd

City State Zip Code  
Schuyler VA 22969-1602

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

Name of Employer Occupation  
Self Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : VNVQMD6QHJ0**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Herbert J. Sipe Jr.**

Mailing Address 475 Via Sacra

City State Zip Code  
Farmville VA 23901-5662

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

Name of Employer Occupation  
Hampden-Sydney College Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : VNVQMD8RZW3**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 310 Rivanwood Pl

City State Zip Code  
Charlottesville VA 22901-8940

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

Name of Employer Occupation  
CWGInc. Psychologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : VNVQMD5MCN9**

Amount of Each Receipt this Period  
500.00

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

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

850.00

**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 13 OF 31
	<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)  
**Gaughan for Congress**

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

Mailing Address 30 Passfield Ln

City Sperryville State VA Zip Code 22740-2431

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : VNVQMD77GC8**

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 / 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 / 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

3000.00

**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 14 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Gaughan for Congress**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1371.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 23 / 2014**

**Transaction ID : VNVQMD6QST2**

Amount of Each Receipt this Period  
**74.42**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1372.26**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : VNVQMD878Z3**

Amount of Each Receipt this Period  
**0.96**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**29.77**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2014**

**Transaction ID : VNVQMDFM10**

Amount of Each Receipt this Period  
**29.77**

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

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

**105.15**

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

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

FOR LINE NUMBER: PAGE 15 OF 31  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Gaughan for Congress**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**269.89**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 / 14 / 2014**

**Transaction ID : VNVQMDAFM52**

Amount of Each Receipt this Period  
**240.12**

**B.** Full Name (Last, First, Middle Initial)  
**LGBT Democrats of Virginia**

Mailing Address **PO Box 25037**

City **Richmond** State **VA** Zip Code **23260-5037**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 / 01 / 2014**

**Transaction ID : VNVQMD8RXK8**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mecklenburg County Democratic Committee**

Mailing Address **23297 Highway Fifty Eight**

City **Boydton** State **VA** Zip Code **23917-3003**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 25 / 2014**

**Transaction ID : VNVQMD75868**

Amount of Each Receipt this Period  
**200.00**

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

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

**940.12**

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

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

FOR LINE NUMBER: PAGE 16 OF 31  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Gaughan for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nelson County Democratic Committee**

Mailing Address 2705 Greenfield Rd

City Afton State VA Zip Code 22920-2819

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : VNVQMD77H06**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Pittsylvania County Democratic Committee**

Mailing Address PO Box 42  
PO Box 42

City Chatham State VA Zip Code 24531-0042

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : VNVQMD6Z4R6**

Amount of Each Receipt this Period  
 1000.00

**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 / 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).....

2000.00

3045.27



**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 31			
	<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)  
**Gaughan for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. BBT</b>		M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 125 Collins Dr		Amount of Each Disbursement this Period 25.00
City Danville	State VA Zip Code 24540-5937	
Purpose of Disbursement service charge	Category/Type 001	<b>Transaction ID : VNTRC9QYCH2</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. BBT</b>		M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 125 Collins Dr		Amount of Each Disbursement this Period 2.00
City Danville	State VA Zip Code 24540-5937	
Purpose of Disbursement fee	Category/Type 001	<b>Transaction ID : VNTRC9QYC73</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. BBT</b>		M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 125 Collins Dr		Amount of Each Disbursement this Period 200.00
City Danville	State VA Zip Code 24540-5937	
Purpose of Disbursement Campaign Expenses	Category/Type 002	<b>Transaction ID : VNTRC9QYB88</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	227.00
<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 18 OF 31		
	<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)  
**Gaughan for Congress**

Full Name (Last, First, Middle Initial) <b>A. BBT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 125 Collins Dr		Amount of Each Disbursement this Period 200.00
City Danville	State VA Zip Code 24540-5937	
Purpose of Disbursement Candidate Travel	Candidate Name	Transaction ID : VNTRC9QYAW3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. BBT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 125 Collins Dr		Amount of Each Disbursement this Period 25.00
City Danville	State VA Zip Code 24540-5937	
Purpose of Disbursement service charge	Candidate Name	Transaction ID : VNTRC9QYA62
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Est Cafe, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 215 W Water St		Amount of Each Disbursement this Period 387.90
City Charlottesville	State VA Zip Code 22902-5029	
Purpose of Disbursement Campaign Event Expenses	Candidate Name	Transaction ID : VNTRC9QYCE8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 007	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	612.90
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VNTRC9QYAW3

Post Election candidate travel expenses for meetings.

Form/Schedule:

Transaction ID:

**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 31	
	<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)  
**Gaughan for Congress**

Full Name (Last, First, Middle Initial) <b>A. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1501 W Main St		Amount of Each Disbursement this Period 19.71
City Danville	State VA	
Zip Code 24541-4717	Purpose of Disbursement fuel	<b>Transaction ID : VNTRC9QYCP2</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 29.56
City Menlo Park	State CA	
Zip Code 94025-1456	Purpose of Disbursement Advertising	<b>Transaction ID : VNTRC9QYBX4</b>
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 56.44
City Menlo Park	State CA	
Zip Code 94025-1456	Purpose of Disbursement Advertising	<b>Transaction ID : VNTRC9QYBW6</b>
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	105.71
<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 31		
	<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)  
**Gaughan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 130.09
City Menlo Park	State CA	
Zip Code 94025-1456	Purpose of Disbursement Advertisements	<b>Transaction ID : VNTRC9QYBP9</b>
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jennifer Haskell</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1948 Blair Loop Rd		Amount of Each Disbursement this Period 625.00
City Danville	State VA	
Zip Code 24541-5017	Purpose of Disbursement Salary for Data Entry position	<b>Transaction ID : VNTRC9QYCS7</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Leonore Jordan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2169 Cottonwood Ln		Amount of Each Disbursement this Period 2000.00
City Culpeper	State VA	
Zip Code 22701-4183	Purpose of Disbursement Consulting Fees	<b>Transaction ID : VNTRC9QYCD0</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2755.09
<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 31	
	<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)  
**Gaughan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Leonore Jordan</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2169 Cottonwood Ln		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : VNTRC9QYBH9</b>
City Culpeper	State VA	
Zip Code 22701-4183	Purpose of Disbursement Consulting Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Leonore Jordan</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 2169 Cottonwood Ln		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VNTRC9QYAC7</b>
City Culpeper	State VA	
Zip Code 22701-4183	Purpose of Disbursement Consulting Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. NGP VAN</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1700.00 <b>Transaction ID : VNTRC9QYBQ7</b>
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Campaign Software	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4700.00
<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 23 OF 31	
	<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)  
**Gaughan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Omni Charlottesville</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 212 Ridge McIntire Rd		Amount of Each Disbursement this Period 727.21
City Charlottesville	State VA	
Zip Code 22903-5042	Purpose of Disbursement Candidate Post-Election Follow-Up Travel	Transaction ID : VNTRC9QYAG9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Omni Charlottesville</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 212 Ridge McIntire Rd		Amount of Each Disbursement this Period 355.00
City Charlottesville	State VA	
Zip Code 22903-5042	Purpose of Disbursement Candidate Travel Expenses	Transaction ID : VNTRC9QZGT9
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Blue Deal</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO Box 50		Amount of Each Disbursement this Period 592.20
City Annandale	State VA	
Zip Code 22003-0050	Purpose of Disbursement Advertising	Transaction ID : VNTRC9QYCG4
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1674.41
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VNTRC9QZGT9

Event for supporters to discuss future run.

Form/Schedule:

Transaction ID:



**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 31			
	<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)  
**Gaughan for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Blue Deal</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 50		Amount of Each Disbursement this Period 78.05
City Annandale State VA Zip Code 22003-0050	Purpose of Disbursement Advertising	Transaction ID : VNTRC9QYC31
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Sexton Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 321 N Clark St FI 500		Amount of Each Disbursement this Period 1607.54
City Chicago State IL Zip Code 60654-4769	Purpose of Disbursement robo call	Transaction ID : VNTRC9QYAE3
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vesta</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 4400 Alexander Dr		Amount of Each Disbursement this Period 50.50
City Alpharetta State GA Zip Code 30022-3753	Purpose of Disbursement Online Payment Software usage	Transaction ID : VNTRC9QYCM6
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1736.09
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VNTRC9QYCM6

Platform used to take online donations

Form/Schedule:

Transaction ID:

**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 31	
	<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)  
**Gaughan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vesta</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 4400 Alexander Dr		Amount of Each Disbursement this Period 5.05
City Alpharetta	State GA	
Zip Code 30022-3753	Purpose of Disbursement check card return	<b>Transaction ID : VNTRC9QYCN4</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. William Wells</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 708 Mount Cross Rd		Amount of Each Disbursement this Period 800.00
City Danville	State VA	
Zip Code 24540-5904	Purpose of Disbursement Rent	<b>Transaction ID : VNTRC9QYAH6</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. William Wells</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 708 Mount Cross Rd		Amount of Each Disbursement this Period 227.11
City Danville	State VA	
Zip Code 24540-5904	Purpose of Disbursement utilities	<b>Transaction ID : VNTRC9QYAJ4</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1032.16
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VNTRC9QYCN4

Platform used to take online donations

Form/Schedule:

Transaction ID:

**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 31	
	<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)  
**Gaughan for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dawn Witter</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 249 Jefferson Ave		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : VNTRC9QYC65</b>
City Danville State VA Zip Code 24541-1923	Purpose of Disbursement Salary for Field Director Position Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dawn Witter</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 249 Jefferson Ave		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : VNTRC9QYAS0</b>
City Danville State VA Zip Code 24541-1923	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Dawn Witter</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 249 Jefferson Ave		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : VNTRC9QYAD5</b>
City Danville State VA Zip Code 24541-1923	Purpose of Disbursement Consulting Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	17343.36

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Gaughan for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Walter Gaughan</b>		Nature of Debt (Purpose): Gasoline for campaign related travel.
Mailing Address 213 North Ave		
City State Zip Code Danville VA 24540-3159		

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VNRSW9H6RY0</b>	
Amount Incurred This Period 1416.74	Payment This Period 0.00	Outstanding Balance at Close of This Period 1416.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Walter Gaughan</b>		Nature of Debt (Purpose): Candidate's unreimbursed travel expenses for hotels and other travel expenses.
Mailing Address 213 North Ave		
City State Zip Code Danville VA 24540-3159		

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VNRSW9H6RZ8</b>	
Amount Incurred This Period 894.76	Payment This Period 0.00	Outstanding Balance at Close of This Period 894.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	2311.50
2) <b>TOTALS</b> This Period (last page this line number only) .....	2311.50
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	2311.50

: 97 `A -G7 9 @C B9CI G`H9LH`F9 @5 H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 H-CB

Form/Schedule: SD9

Transaction ID : VNRSW9H6RY0

At the end of the campaign there were funds to fully pay all consultants and all other campaign debts, but no funds to reimburse the candidate for these expenses. These are all documented expenses, and they cover the entire campaign.

Form/Schedule: SD9

Transaction ID: VNRSW9H6RZ8

At the end of the campaign there were funds to fully pay all consultants and all other campaign debts, but no funds to reimburse the candidate for these expenses. These are all documented expenses, and they cover the entire campaign.