

**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

James Carr for Congress

ADDRESS (number and street)

4697 Campbell Rd

Check if different  
than previously  
reported. (ACC)

Troy

VA

22974

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00567875

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

VA

07

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

through

M M /

D D /

Y Y Y Y

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. James Avarett Carr Jr.

Signature of Treasurer

Mr. James Avarett Carr Jr.

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 15

Write or Type Committee Name

**James Carr for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	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))....	5608.10	5608.10
(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)) .....	5608.10	5608.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5194.67	5194.67
(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)) .....	5194.67	5194.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	413.43	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 15

Write or Type Committee Name

James Carr for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**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).....

2651.00

2651.00

(ii) Unitemized.....

1777.00

1777.00

(iii) TOTAL of contributions from individuals ▶

4428.00

4428.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

1180.10

1180.10

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

5608.10

5608.10

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**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.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

5608.10

5608.10

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 15

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5194.67	5194.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5194.67	5194.67

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5608.10
25. SUBTOTAL (add Line 23 and Line 24).....	5608.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5194.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	413.43

# **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 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

James Carr for Congress

Full Name (Last, First, Middle Initial)

Mrs. Carla Howell

Mailing Address 14030 Golden Rd

City

Wodbridge

State

VA

Zip Code

22193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Libertarian National Committee

Occupation

Political Director

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mr. Brenton Hund

Mailing Address 1194 E Rock Springs Rd NE

City

Atlanta

State

GA

Zip Code

30306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Turner Broadcasting

Occupation

Lawyer

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mrs. Shannon Hyatt

Mailing Address 3800 Spring Lake Pl

City

Glen Allen

State

VA

Zip Code

23060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hitachi Data Systems

Occupation

Account Management

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		31		2014

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

James Carr for Congress

Full Name (Last, First, Middle Initial)

A. Mr. Darryl Kerkeslager

Mailing Address 2547 Lochness Rd

City

Richmond

State

VA

Zip Code

23235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Department of Correct

Occupation

ETL Architect

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		28		2014

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Darryl Kerkeslager

Mailing Address 2547 Lochness Rd

City

Richmond

State

VA

Zip Code

23235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Department of Correct

Occupation

ETL Architect

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		11		2014

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. William Redpath

Mailing Address 827 Anthony Ct SE

City

Leesburg

State

VA

Zip Code

20175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIA/Kelsey

Occupation

Business Appraiser

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

201.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		14		2014

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period

201.00

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

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

701.00

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

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

FOR LINE NUMBER:

PAGE 7 OF 15

(check only one)

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

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NAME OF COMMITTEE (In Full)

James Carr for Congress

Full Name (Last, First, Middle Initial)

Mr. Chris C Rufer

Mailing Address 724 Main St

City

Woodland

State

CA

Zip Code

95695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Morning Star Company

Occupation

Agriculturalist

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : SA11Al.4183

Amount of Each Receipt this Period

1200.00

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  
☐ Other (specify)
☐ General

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

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  
☐ Other (specify)
☐ General

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).....

1200.00

2651.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 15

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

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NAME OF COMMITTEE (In Full)

**James Carr for Congress**

Full Name (Last, First, Middle Initial)

**Mr. James Avarett Carr Jr.**

Mailing Address 4697 Campbell Rd

City

State

Zip Code

Troy

VA

22974

FEC ID number of contributing  
federal political committee.**C** H4VA07168

Name of Employer

Martha Jefferson Hospital

Occupation

Manager, Business Operations Systems

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2013

Transaction ID : SA11D.4123

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**Mr. James Avarett Carr Jr.**

Mailing Address 4697 Campbell Rd

City

State

Zip Code

Troy

VA

22974

FEC ID number of contributing  
federal political committee.**C** H4VA07168

Name of Employer

Martha Jefferson Hospital

Occupation

Manager, Business Operations Systems

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

435.00

Date of Receipt

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

Transaction ID : SA11D.4124

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

**Mr. James Avarett Carr Jr.**

Mailing Address 4697 Campbell Rd

City

State

Zip Code

Troy

VA

22974

FEC ID number of contributing  
federal political committee.**C** H4VA07168

Name of Employer

Martha Jefferson Hospital

Occupation

Manager, Business Operations Systems

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

734.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

Transaction ID : SA11D.4125

Amount of Each Receipt this Period

299.64

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

734.64

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



# **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 15

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

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NAME OF COMMITTEE (In Full)  
**James Carr for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. James Avarett Carr Jr.</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>28</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		28		2014
M M	/	D D	/	Y Y Y Y									
04		28		2014									
Mailing Address 4697 Campbell Rd		<b>Transaction ID : SA11D.4126</b>											
City Troy	State VA	Zip Code 22974	Amount of Each Receipt this Period <table border="1"> <tr> <td>320.00</td> </tr> </table>	320.00									
320.00													
FEC ID number of contributing federal political committee. <b>C</b> H4VA07168													
Name of Employer Martha Jefferson Hospital	Occupation Manager, Business Operations Systems												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1054.64</td> </tr> </table>		1054.64										
1054.64													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. James Avarett Carr Jr.</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>05</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		05		2014
M M	/	D D	/	Y Y Y Y									
07		05		2014									
Mailing Address 4697 Campbell Rd		<b>Transaction ID : SA11D.4127</b>											
City Troy	State VA	Zip Code 22974	Amount of Each Receipt this Period <table border="1"> <tr> <td>5.00</td> </tr> </table>	5.00									
5.00													
FEC ID number of contributing federal political committee. <b>C</b> H4VA07168													
Name of Employer Martha Jefferson Hospital	Occupation Manager, Business Operations Systems												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1059.64</td> </tr> </table>		1059.64										
1059.64													
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. James Avarett Carr Jr.</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		23		2014
M M	/	D D	/	Y Y Y Y									
07		23		2014									
Mailing Address 4697 Campbell Rd		<b>Transaction ID : SA11D.4128</b>											
City Troy	State VA	Zip Code 22974	Amount of Each Receipt this Period <table border="1"> <tr> <td>85.00</td> </tr> </table>	85.00									
85.00													
FEC ID number of contributing federal political committee. <b>C</b> H4VA07168													
Name of Employer Martha Jefferson Hospital	Occupation Manager, Business Operations Systems												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1144.64</td> </tr> </table>		1144.64										
1144.64													
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>410.00</td> </tr> </table>		410.00									
410.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td></td> </tr> </table>											

# **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 15

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

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NAME OF COMMITTEE (In Full)  
**James Carr for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James Avarett Carr Jr.**

Mailing Address 4697 Campbell Rd

City	State	Zip Code
Troy	VA	22974

FEC ID number of contributing federal political committee. **C** H4VA07168

Name of Employer	Occupation
Martha Jefferson Hospital	Manager, Business Operations Systems

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 1180.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : SA11D.4129

Amount of Each Receipt this Period

35.46
-------

**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).....

35.46
-------

1180.10
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

<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)

**James Carr for Congress**

Full Name (Last, First, Middle Initial)

**A. CandidateSigns.com**

Mailing Address 4315 N 146 Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

City	State	Zip Code
Omaha	NE	68116

Amount of Each Disbursement this Period

229.00
--------

**Transaction ID : SB17.4264**Purpose of Disbursement  
Buttons and Handbills

006

Category/  
Type

Candidate Name

**James Carr for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

Full Name (Last, First, Middle Initial)

**B. County of Henrico**

Mailing Address 4301 East Parham Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

City	State	Zip Code
Henrico	VA	23228

Amount of Each Disbursement this Period

215.00
--------

**Transaction ID : SB17.4267**Purpose of Disbursement  
Facility Rental

007

Category/  
Type

Candidate Name

**James Carr for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

Full Name (Last, First, Middle Initial)

**C. Custom Sign Banner**

Mailing Address 5512 Mitchell Dale

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2014

City	State	Zip Code
Houston	TX	77092

Amount of Each Disbursement this Period

355.02
--------

**Transaction ID : SB17.4281**Purpose of Disbursement  
Yard Signs

006

Category/  
Type

Candidate Name

**James Carr for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

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

799.02

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

<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)

**James Carr for Congress**

Full Name (Last, First, Middle Initial)

**A. Just Yard Signs.com**

Mailing Address 4880 A6 Distribution Ct

City	State	Zip Code
Orlando	FL	32822

Purpose of Disbursement  
Yard Signs

006

Category/  
Type

Candidate Name

**James Carr for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

380.00
--------

Transaction ID : SB17.4288

**B. Mr. Bob Lynch**

Mailing Address 3107 Ellwood Ave

City	State	Zip Code
Richmond	VA	23221

Purpose of Disbursement  
Petitioning Support for Ballot Access

001

Category/  
Type

Candidate Name

**James Carr for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4254

**c. Mr. Bob Lynch**

Mailing Address 3107 Ellwood Ave

City	State	Zip Code
Richmond	VA	23221

Purpose of Disbursement  
Petitioning Support for Ballot Access

001

Category/  
Type

Candidate Name

**James Carr for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

475.00
--------

Transaction ID : SB17.4256

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

1155.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**James Carr for Congress**

Full Name (Last, First, Middle Initial)

**A. Mr. Bob Lynch**

Mailing Address 3107 Ellwood Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

City	State	Zip Code
Richmond	VA	23221

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Petitioning Support for Ballot Access

001

Transaction ID : SB17.4257

Candidate Name

**James Carr for Congress**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

Full Name (Last, First, Middle Initial)

**B. Mr. Bob Lynch**

Mailing Address 3107 Ellwood Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

City	State	Zip Code
Richmond	VA	23221

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Petitioning Support for Ballot Access

001

Transaction ID : SB17.4258

Candidate Name

**James Carr for Congress**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

Full Name (Last, First, Middle Initial)

**c. Stickers, Banners, Inc.**Mailing Address 3741 Venture Dr.  
#335

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

City	State	Zip Code
Duluth	GA	30096

Amount of Each Disbursement this Period

240.00
--------

Purpose of Disbursement  
Bumper Stickers

006

Transaction ID : SB17.4262

Candidate Name

**James Carr for Congress**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

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

365.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**James Carr for Congress**

Full Name (Last, First, Middle Initial)

**A. Stickers, Banners, Inc.**Mailing Address 3741 Venture Dr.  
#335City State Zip Code  
Duluth GA 30096Purpose of Disbursement  
Banner and Magnets

Candidate Name

**James Carr for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2014

Amount of Each Disbursement this Period

91.73
-------

Transaction ID : SB17.4265

**B. Stickers, Banners, Inc.**Mailing Address 3741 Venture Dr.  
#335City State Zip Code  
Duluth GA 30096Purpose of Disbursement  
Banners

Candidate Name

**James Carr for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2014

Amount of Each Disbursement this Period

80.95
-------

Transaction ID : SB17.4276

**C. Vista Print**

Mailing Address 95 Hayden Ave

City State Zip Code  
Lexington MA 02421Purpose of Disbursement  
Shirts

Candidate Name

**James Carr for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2014

Amount of Each Disbursement this Period

333.08
--------

Transaction ID : SB17.4273

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

505.76

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 15

<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)

**James Carr for Congress**

Full Name (Last, First, Middle Initial)

**A. Vista Print**

Mailing Address 95 Hayden Ave

City	State	Zip Code
Lexington	MA	02421

Purpose of Disbursement  
Shirts, Stickers, Business Cards

006

Category/  
Type

Candidate Name

**James Carr for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA

District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2014

Amount of Each Disbursement this Period

229.71
--------

Transaction ID : SB17.4274

**B. Vista Print**

Mailing Address 95 Hayden Ave

City	State	Zip Code
Lexington	MA	02421

Purpose of Disbursement  
Shirts, Handbills, Business Cards

006

Category/  
Type

Candidate Name

**James Carr for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA

District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2014

Amount of Each Disbursement this Period

182.96
--------

Transaction ID : SB17.4277

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/  
Type

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
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Amount of Each Disbursement this Period

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

412.67

3237.45