

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MACFARLANE 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))....	6230.00	83603.55
(b) Total Contribution Refunds (from Line 20(d))	0.00	9.53
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6230.00	83594.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8969.68	24267.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	9.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8969.68	24257.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	59336.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MACFARLANE FOR CONGRESS

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).....	5850.00	76709.17
(ii) Unitemized.....	380.00	6894.38
(iii) TOTAL of contributions from individuals ▶	6230.00	83603.55
(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))..	6230.00	83603.55
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	9.53
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)..... ▶	6230.00	83613.08

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8969.68	24267.34
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	9.53
(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	9.53
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8969.68	24276.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	62075.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6230.00
25. SUBTOTAL (add Line 23 and Line 24).....	68305.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8969.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	59336.21

**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 14
	<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)
MACFARLANE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nancy Macfarlane Anderson

Mailing Address 2450 Gads Hill St

City Santa Rosa State CA Zip Code 95401

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

Name of Employer Sutter Medical Center Occupation Nurse

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.6984

Amount of Each Receipt this Period
250.00

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

Mailing Address 9002 Willow Springs Dr

City Louisville State KY Zip Code 40242

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2014

Transaction ID : SA11AI.6979

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Barbara Ellen Butorac

Mailing Address 560 Sunset Rd

City Louisville State KY Zip Code 40206

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.6970

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 14
	<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	

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NAME OF COMMITTEE (In Full)
MACFARLANE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Butorac

Mailing Address 560 Sunset Rd

City State Zip Code
Louisville KY 40206

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

Name of Employer Occupation
Marco's Franchising CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11AI.6980

Amount of Each Receipt this Period
500.00

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

Mailing Address 4110 Ormond Rd

City State Zip Code
Louisville KY 40207

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

Name of Employer Occupation
Baptist Surgical Associates Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.6977

Amount of Each Receipt this Period
250.00

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

Mailing Address 26 River Hill Rd

City State Zip Code
Louisville KY 40207

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

Name of Employer Occupation
Baptist Medical Associates Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.6981

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 7 OF 14
	<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)
MACFARLANE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bob Gable

Mailing Address 1715 Stonehaven Dr

City State Zip Code
Frankfort KY 40601

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

Name of Employer Self Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.6793

Amount of Each Receipt this Period
2350.00

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

Mailing Address 8115 Huntsman Trail

City State Zip Code
Louisville KY 40291

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11AI.6967

Amount of Each Receipt this Period
500.00

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

Mailing Address 33 River Hill Road

City State Zip Code
Louisville KY 40207

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

Name of Employer Norton Healthcare Occupation Senior Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.6950

Amount of Each Receipt this Period
250.00

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

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

3100.00

**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 8 OF 14
	<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)
MACFARLANE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Julio Melo

Mailing Address 8516 Cheffield Dr

City Louisville State KY Zip Code 40222

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6952

Amount of Each Receipt this Period
 250.00

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

Mailing Address 3729 Canoe Ln

City Louisville State KY Zip Code 40207

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.6983

Amount of Each Receipt this Period
 250.00

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

Amount of Each Receipt this Period

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

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

500.00

5850.00

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 9 OF 14			
	<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)
MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Joel Adams		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 4256 Evans-Jacobi Rd		Amount of Each Disbursement this Period 1413.43 Transaction ID : SB17.6921
City Georgetown State IN Zip Code 47122	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name MACFARLANE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 03		

Full Name (Last, First, Middle Initial) B. Joel Adams		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 4256 Evans-Jacobi Rd		Amount of Each Disbursement this Period 1413.43 Transaction ID : SB17.6922
City Georgetown State IN Zip Code 47122	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name MACFARLANE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 03		

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 4801 Olympia Park Plaza		Amount of Each Disbursement this Period 39.35 Transaction ID : SB17.6942
City Louisville State KY Zip Code 40241	Purpose of Disbursement Payroll tax withholding 001 Category/Type	
Candidate Name MACFARLANE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 03		

SUBTOTAL of Disbursements This Page (optional).....	2866.21
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 10 OF 14			
	<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)
MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 4801 Olympia Park Plaza		Amount of Each Disbursement this Period 979.99 Transaction ID : SB17.6943
City Louisville	State KY	
Purpose of Disbursement Payroll tax withholding	001	Candidate Name MACFARLANE FOR CONGRESS Category/ Type
Candidate Name MACFARLANE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 4801 Olympia Park Plaza		Amount of Each Disbursement this Period 57.60 Transaction ID : SB17.6944
City Louisville	State KY	
Purpose of Disbursement Payroll fees	001	Candidate Name MACFARLANE FOR CONGRESS Category/ Type
Candidate Name MACFARLANE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 4801 Olympia Park Plaza		Amount of Each Disbursement this Period 57.60 Transaction ID : SB17.6945
City Louisville	State KY	
Purpose of Disbursement Payroll fees	001	Candidate Name MACFARLANE FOR CONGRESS Category/ Type
Candidate Name MACFARLANE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	913.19
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 11 OF 14			
	<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)
MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. ADP		M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 4801 Olympia Park Plaza		Amount of Each Disbursement this Period	
City Louisville State KY Zip Code 40241		973.90	
Purpose of Disbursement Payroll tax withholding		Transaction ID : SB17.6946	
Candidate Name MACFARLANE FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: KY District: 03		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. ADP		M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 4801 Olympia Park Plaza		Amount of Each Disbursement this Period	
City Louisville State KY Zip Code 40241		112.32	
Purpose of Disbursement Payroll tax withholding		Transaction ID : SB17.6947	
Candidate Name MACFARLANE FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: KY District: 03		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. ADP		M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 4801 Olympia Park Plaza		Amount of Each Disbursement this Period	
City Louisville State KY Zip Code 40241		973.90	
Purpose of Disbursement Payroll tax withholding		Transaction ID : SB17.6948	
Candidate Name MACFARLANE FOR CONGRESS		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: KY District: 03		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1143.74
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 12 OF 14			
	<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)
MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 4801 Olympia Park Plaza		Amount of Each Disbursement this Period 82.00 Transaction ID : SB17.6949
City Louisville State KY Zip Code 40241	Purpose of Disbursement Payroll fees 001 Category/Type	
Candidate Name MACFARLANE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 03		

Full Name (Last, First, Middle Initial) B. Grenville G Caruso		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 3802 Nanz Ave #3		Amount of Each Disbursement this Period 421.30 Transaction ID : SB17.6925
City Louisville State KY Zip Code 40207	Purpose of Disbursement Pay for hourly work 001 Category/Type	
Candidate Name MACFARLANE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 03		

Full Name (Last, First, Middle Initial) C. Mr. William Duncan Crosby III		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 16218 Eastwood Cut Off Road		Amount of Each Disbursement this Period 206.70 Transaction ID : SB17.6918
City Louisville State KY Zip Code 40245	Purpose of Disbursement Reimbursement for campaign staff land volunteer lunch 001 Category/Type	
Candidate Name MACFARLANE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 03		

SUBTOTAL of Disbursements This Page (optional).....	710.00
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 13 OF 14			
	<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)
MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ryan L Helfenbein		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 17513 Curry Branch Rd		Amount of Each Disbursement this Period 602.74 Transaction ID : SB17.6919
City Louisville State KY Zip Code 40245	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name MACFARLANE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 03		

Full Name (Last, First, Middle Initial) B. Ryan L Helfenbein		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 17513 Curry Branch Rd		Amount of Each Disbursement this Period 1177.08 Transaction ID : SB17.6917
City Louisville State KY Zip Code 40245	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name MACFARLANE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 03		

Full Name (Last, First, Middle Initial) C. REPUBLICAN PARTY OF KENTUCKY		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address PO BOX 1068		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6911
City FRANKFORT State KY Zip Code 40602	Purpose of Disbursement Table purchase for state Lincoln Day Dinner 011 Category/Type	
Candidate Name MACFARLANE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 03		

SUBTOTAL of Disbursements This Page (optional).....	2779.82
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 14 OF 14	
	<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)
MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Sidebar		M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address 129 S 2nd St		Amount of Each Disbursement this Period	
City Louisville State KY Zip Code 40202		93.24	
Purpose of Disbursement Campaign staff lunch		Transaction ID : SB17.6941	
Candidate Name MACFARLANE FOR CONGRESS		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: KY District: 03		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Stripe		M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 3180 18th St		Amount of Each Disbursement this Period	
City San Francisco State CA Zip Code 94110		7.55	
Purpose of Disbursement Credit card processing fee		Transaction ID : SB17.6835	
Candidate Name		Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C.		M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		[Empty]	
Purpose of Disbursement		Category/ Type	
Candidate Name		[Empty]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:	
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	100.79
TOTAL This Period (last page this line number only).....	8513.75