

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 Mary Rose Wilcox For Congress

ADDRESS (number and street) PO Box 24507 Check if different than previously reported. (ACC) Phoenix AZ 85074

2. FEC IDENTIFICATION NUMBER C C00559989 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT AZ 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 10 / 01 / 2014 through M M / D D / Y Y Y Y 12 / 31 / 2014

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 Aaron Kizer

Signature of Treasurer Aaron Kizer [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 27 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Mary Rose Wilcox 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))....	2228.00	550321.66
(b) Total Contribution Refunds (from Line 20(d))	0.00	317.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2228.00	550004.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12842.68	548323.01
(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)).....	12842.68	548323.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2086.14	
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).....	3102.07	

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

Mary Rose Wilcox 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).....	1150.00	369683.00
(ii) Unitemized.....	778.00	110332.90
(iii) TOTAL of contributions from individuals ▶	1928.00	480015.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	62100.00
(d) The Candidate.....	300.00	8205.76
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2228.00	550321.66
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.).....		
	404.49	404.49
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	2632.49	550726.15

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12842.68	548323.01
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	317.00
(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	317.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12842.68	548640.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12296.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2632.49
25. SUBTOTAL (add Line 23 and Line 24).....	14928.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12842.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2086.14

**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 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mary Rose Wilcox For Congress

Full Name (Last, First, Middle Initial) A. Patricia Highberg		Date of Receipt M M / D D / Y Y Y Y 10 / 02 / 2014	
Mailing Address PO Box 436		Transaction ID : 11ai-000002587	
City Woodstock	State VT	Zip Code 05091	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		Earmarked through EMILY s List
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) B. Terrence Slaven		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 120 E Royal Palm		Transaction ID : 11ai-000002579	
City Phoenix	State AZ	Zip Code 85020	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Banner Health	Occupation Attorney		Earmarked through ActBlue Conduit Committee 10-12-2014 \$125.00-See memo on Sch A for line 11c
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) C. Jonathan Weisbuch		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 2210 Encanto Dr NW		Transaction ID : 11ai-000002594	
City Phoenix	State AZ	Zip Code 85007	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Not Employed		Earmarked through ActBlue 10-26-2014 \$95.00 See Sch A 11c - Primary Debt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 700.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1150.00
TOTAL This Period (last page this line number only).....	_____ 1150.00

**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 17
<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	

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)
Mary Rose Wilcox For Congress

A. EMILY's List Conduit Committee

Full Name (Last, First, Middle Initial)
Mailing Address 1120 Connecticut Ave NW Ste 1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00193433**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
34414.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : 11c-000002575

Amount of Each Receipt this Period
10.00

[MEMO ITEM]
Total Earmarked through Conduit: PAC Limit not affected

B. Act blue Federal Conduit Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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
229635.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2014

Transaction ID : 11c-000002581

Amount of Each Receipt this Period
125.00

[MEMO ITEM]
Total Earmarked through Conduit: PAC Limit not effected

C. Act blue Federal Conduit Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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
229660.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : 11c-000002582

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
Total Earmarked through Conduit: PAC Limit not effected

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

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

0.00

**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 17
<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	

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)
Mary Rose Wilcox For Congress

A. Full Name (Last, First, Middle Initial)
Act blue Federal Conduit Committee

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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
229685.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2014

Transaction ID : 11c-000002578

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
Total Earmarked through Conduit: PAC Limit not effected

B. Full Name (Last, First, Middle Initial)
Act blue Federal Conduit Committee

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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
229780.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2014

Transaction ID : 11c-000002595

Amount of Each Receipt this Period
95.00

[MEMO ITEM]
Total Earmarked through Conduit: PAC Limit not effected

C. Full Name (Last, First, Middle Initial)
Act blue Federal Conduit Committee

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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
229783.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : 11c-000002596

Amount of Each Receipt this Period
3.00

[MEMO ITEM]
Total Earmarked through Conduit: PAC Limit not effected

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

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

0.00
0.00

**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 17
	<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	

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)
Mary Rose Wilcox For Congress

Full Name (Last, First, Middle Initial) Mary Rose Wilcox		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2014
Mailing Address PO Box 24507		Transaction ID : 11d-00-00023-00023
City Phoenix	State AZ Zip Code 85074	
FEC ID number of contributing federal political committee. C C00559989		Amount of Each Receipt this Period 300.00
Name of Employer N/A	Occupation Candidate for US Congress	In-Kind - Database Subscription
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8205.76	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	300.00
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 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mary Rose Wilcox For Congress

A. Full Name (Last, First, Middle Initial)
Troon Insurance Services Inc

Mailing Address 17470 N Pacesetter Way

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
404.49

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2014

Transaction ID : 15-01-00557-00849

Amount of Each Receipt this Period
404.49

Refund of Premium - Office Insurance

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).....

404.49

404.49

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mary Rose Wilcox For Congress

Full Name (Last, First, Middle Initial) A. Eliot Management Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 404 W Boradway Rd		Amount of Each Disbursement this Period 44.38
City Tempe	State AZ	
Zip Code 85282	Purpose of Disbursement Merchant Fees	Transaction ID : 17-01-00520-00812
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address Accounts Payable PO Box 947		Amount of Each Disbursement this Period 17.95
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Merchant Fee	Transaction ID : 17-01-00556-00848
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Data Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE, Suite		Amount of Each Disbursement this Period 139.95
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Merchant Fee	Transaction ID : 17-01-00521-00813
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	202.28
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 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mary Rose Wilcox For Congress

A. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement Merchant Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 03 / 2014

Amount of Each Disbursement this Period: 7.00

Transaction ID : 17-01-00522-00814

B. Mary Rose Wilcox

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 24507

City Phoenix State AZ Zip Code 85074

Purpose of Disbursement In-Kind - Database Subscription

Candidate Name Mary Rose Wilcox

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: AZ District: 07

Date of Disbursement: 10 / 06 / 2014

Amount of Each Disbursement this Period: 300.00

Transaction ID : 17-00-00024-00024

c. For the Record Photography & Public Affairs, Inc

Full Name (Last, First, Middle Initial)
Mailing Address 5 Rosecroft Drive

City Fredericksburg State VA Zip Code 22407

Purpose of Disbursement Fundraising Consultant

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 2039.95

Transaction ID : 17-01-00524-00816

SUBTOTAL of Disbursements This Page (optional) 2346.95

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

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)
Mary Rose Wilcox For Congress

Full Name (Last, First, Middle Initial) A. McLeod Precision Campaigns, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 5727 N 18th Pl		Amount of Each Disbursement this Period 3000.00 Transaction ID : 17-01-00525-00817
City Phoenix	State AZ	
Zip Code 85016	Purpose of Disbursement Political and Communications Consultant	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Coppersmith Brockelman		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 2800 N Central Ave, Suite 1200		Amount of Each Disbursement this Period 7000.00 Transaction ID : 17-01-00526-00818
City Phoenix	State AZ	
Zip Code 85004-1009	Purpose of Disbursement Legal Fees	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 4.94 Transaction ID : 17-01-00539-00831
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Merchant Fee	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10004.94
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 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mary Rose Wilcox For Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 100 W Washington St		Amount of Each Disbursement this Period 82.75
City Phoenix	State AZ Zip Code 85003	
Purpose of Disbursement Bank Fee	Category/Type	Transaction ID : 17-01-00541-00833
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 0.99
City Somerville	State MA Zip Code 02144	
Purpose of Disbursement Merchant Fee	Category/Type	Transaction ID : 17-01-00536-00828
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Century Link		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO Box 29040		Amount of Each Disbursement this Period 11.57
City Phoenix	State AZ Zip Code 85038	
Purpose of Disbursement Telephone	Category/Type	Transaction ID : 17-01-00533-00825
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	95.31
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 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mary Rose Wilcox For Congress

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 0.99 Transaction ID : 17-01-00544-00836
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Merchant Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 3.76 Transaction ID : 17-01-00549-00841
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Merchant Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 441146		Amount of Each Disbursement this Period 0.12 Transaction ID : 17-01-00552-00844
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Merchant Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4.87
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 15 OF 17	
	<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

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)
Mary Rose Wilcox For Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 100 W Washington St		Amount of Each Disbursement this Period 97.09
City Phoenix	State AZ Zip Code 85003	
Purpose of Disbursement Bank Fee	Candidate Name	Transaction ID : 17-01-00554-00846
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. Authorize.net		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address Accounts Payable PO Box 947		Amount of Each Disbursement this Period 27.95
City American Fork	State UT Zip Code 84003	
Purpose of Disbursement Merchant Fee	Candidate Name	Transaction ID : 17-01-00558-00850
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 100 W Washington St		Amount of Each Disbursement this Period 45.62
City Phoenix	State AZ Zip Code 85003	
Purpose of Disbursement Bank Fee	Candidate Name	Transaction ID : 17-01-00559-00851
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	170.66
TOTAL This Period (last page this line number only).....	12825.01

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Mary Rose Wilcox For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Coppersmith Brockelman	Nature of Debt (Purpose): Legal Fees
Mailing Address 2800 N Central Ave, Suite 1200	
City State Zip Code Phoenix AZ 85004-1009	

Outstanding Balance Beginning This Period 9429.53	Transaction ID : 10-000018	
Amount Incurred This Period 0.00	Payment This Period 7000.00	Outstanding Balance at Close of This Period 2429.53

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor For the Record Photography & Public Affairs, Inc	Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 5 Rosecroft Drive	
City State Zip Code Fredericksburg VA 22407	

Outstanding Balance Beginning This Period 2039.95	Transaction ID : 10-000017	
Amount Incurred This Period 0.00	Payment This Period 2039.95	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Investigative Research, Inc.	Nature of Debt (Purpose): Investigative Research
Mailing Address 77 E Columbus Suite 207	
City State Zip Code Phoenix AZ 85012	

Outstanding Balance Beginning This Period 0.00	Transaction ID : 10-000020	
Amount Incurred This Period 672.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 672.54

1) SUBTOTALS This Period This Page (optional)	3102.07
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Mary Rose Wilcox For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

McLeod Precision Campaigns, Inc

Nature of Debt (Purpose):

Political and Communications Consultant

Mailing Address 5727 N 18th Pl

City State

Zip Code

Phoenix

AZ

85016

Outstanding Balance Beginning This Period

3000.00

Transaction ID : 10-000019

Amount Incurred This Period

0.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

0.00

B. 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

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) **SUBTOTALS** This Period This Page (optional)

0.00

2) **TOTALS** This Period (last page this line number only)

3102.07

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

3102.07