

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
Friends of Jeff Chapman

ADDRESS (number and street) PO Box 1971
 Check if different than previously reported. (ACC) Brunswick GA 31521-1971

2. **FEC IDENTIFICATION NUMBER** ▼ C00545962 CITY ▲ STATE ▲ ZIP CODE ▲
3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE ▼ DISTRICT
GA 01

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 05 / 20 / 2014 in the State of GA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 04 / 30 / 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 Paul Kilgore
Signature of Treasurer Paul Kilgore [Electronically Filed] Date 05 / 08 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Jeff Chapman

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))....	5600	154932.11
(b) Total Contribution Refunds (from Line 20(d))	0	8300
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5600	146632.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7142.18	110833.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7142.18	110833.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	35798.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	36472.34	

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

Friends of Jeff Chapman

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).....	5100	137150
(ii) Unitemized.....	350	17297.11
(iii) TOTAL of contributions from individuals ▶	5450	154447.11
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	150	450
(d) The Candidate.....	0	35
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5600	154932.11
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5600	154932.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7142.18	110833.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	8300
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	8300
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7142.18	119133.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	37341.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5600
25. SUBTOTAL (add Line 23 and Line 24).....	42941.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7142.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35798.96

**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"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
Friends of Jeff Chapman

A. Full Name (Last, First, Middle Initial)
Neal Boatwright

Mailing Address 196 Myers Plantation Road

City Brunswick State GA Zip Code 31523-7415

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

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

Transaction ID : A-CF513

Amount of Each Receipt this Period
500

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

Mailing Address PO Box 324

City Rutledge State GA Zip Code 30663-0324

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

Name of Employer Information Requested Occupation Information Requested
 Self-employed Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600**

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

Transaction ID : A-CF515

Amount of Each Receipt this Period
2600

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

Mailing Address 104 Oak Street

City Brunswick State GA Zip Code 31523-1124

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

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

Transaction ID : A-CF533

Amount of Each Receipt this Period
500

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

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

3600.00

**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 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)
Friends of Jeff Chapman

A. Full Name (Last, First, Middle Initial)
Sean Simmons

Mailing Address 1104 Phillips Lane

City Saint Simons Island State GA Zip Code 31522-1837

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

Name of Employer Accenture Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 20 / 2014

Transaction ID : A-CF524

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mark M Woodall

Mailing Address PO Box 185

City Woodland State GA Zip Code 31836-0185

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

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

Transaction ID : A-CF523

Amount of Each Receipt this Period
1000

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).....

1500.00

5100.00

**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 17
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Jeff Chapman

A. Full Name (Last, First, Middle Initial)
Penny Houston Campaign Fund

Mailing Address 8395 Highway 129

City Nashville State GA Zip Code 31639-3424

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **150**

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

Transaction ID : A-CF522

Amount of Each Receipt this Period
150

PERMISSIBLE FUNDS

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).....

150.00

150.00

**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 8 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	

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NAME OF COMMITTEE (In Full)
Friends of Jeff Chapman

A. Capital One Card Services

Full Name (Last, First, Middle Initial)
Mailing Address Dept 9600

City Carol Stream State IL Zip Code 60128-0001

Purpose of Disbursement See Memo Entries

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 1101.05

Transaction ID : B-E-504

Original vendors exceeding reporting threshold itemized as memo transactions.

B. Rent All of Glynn

Full Name (Last, First, Middle Initial)
Mailing Address 2723 Carrie Street

City Brunswick State GA Zip Code 31520-4802

Purpose of Disbursement Event Equipment Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 649.25

Transaction ID : B-S-65

[MEMO ITEM]
Subitemization of Capital One Card Services(04/01/14)

C. Sage Woodfire Tavern

Full Name (Last, First, Middle Initial)
Mailing Address 4505 Ashford Dunwoody Road NE

City Atlanta State GA Zip Code 30346-1514

Purpose of Disbursement Meeting Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 200.72

Transaction ID : B-S-68

[MEMO ITEM]
Subitemization of Capital One Card Services(04/01/14)

SUBTOTAL of Disbursements This Page (optional)..... 1101.05

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 9 OF 17
	<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)
Friends of Jeff Chapman

Full Name (Last, First, Middle Initial) A. Comcast		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address PO Box 530098		Amount of Each Disbursement this Period 130.12 Transaction ID : B-E-519
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Administrative/Salary/Overhead: Internet	Category/ Type 001
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. Golden Isles Office Equipment, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1205 Newcastle Street		Amount of Each Disbursement this Period 63.28 Transaction ID : B-E-520
City Brunswick	State GA	
Zip Code 31520-7534	Purpose of Disbursement Office Supplies	Category/ Type 001
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. Golden Isles Office Equipment, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 1205 Newcastle Street		Amount of Each Disbursement this Period 42.29 Transaction ID : B-E-527
City Brunswick	State GA	
Zip Code 31520-7534	Purpose of Disbursement Office Supplies	Category/ Type 001
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).....	235.69
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 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	

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NAME OF COMMITTEE (In Full)
Friends of Jeff Chapman

Full Name (Last, First, Middle Initial) A. Golden Isles Office Equipment, Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 1205 Newcastle Street			Amount of Each Disbursement this Period 81.4 Transaction ID : B-E-536
City Brunswick	State GA	Zip Code 31520-7534	
Purpose of Disbursement Office Supplies		Category/ Type 001	
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. Piryx Inc			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 144 2nd Street			Amount of Each Disbursement this Period 17.25 Transaction ID : B-E-538
City San Francisco	State CA	Zip Code 94105-3716	
Purpose of Disbursement CC Transaction Fees		Category/ Type 001	
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. Piryx Inc			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 144 2nd Street			Amount of Each Disbursement this Period 30.19 Transaction ID : B-E-539
City San Francisco	State CA	Zip Code 94105-3716	
Purpose of Disbursement CC Transaction Fees		Category/ Type 001	
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).....	128.84
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	

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NAME OF COMMITTEE (In Full)
Friends of Jeff Chapman

Full Name (Last, First, Middle Initial) A. Piryx Inc		Date of Disbursement MM / DD / YYYY 04 / 20 / 2014
Mailing Address 144 2nd Street		Amount of Each Disbursement this Period 62.69 Transaction ID : B-E-540
City San Francisco	State CA Zip Code 94105-3716	
Purpose of Disbursement CC Transaction Fees	Category/Type 001	
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. Piryx Inc		Date of Disbursement MM / DD / YYYY 04 / 24 / 2014
Mailing Address 144 2nd Street		Amount of Each Disbursement this Period 1.44 Transaction ID : B-E-531
City San Francisco	State CA Zip Code 94105-3716	
Purpose of Disbursement CC Transaction Fees	Category/Type 001	
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. Premier Printing		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 3694 Community Road		Amount of Each Disbursement this Period 32.5 Transaction ID : B-E-506
City Brunswick	State GA Zip Code 31520-2843	
Purpose of Disbursement Administrative/Salary/Overhead: Printing	Category/Type 001	
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).....	62.69
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 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)
Friends of Jeff Chapman

Full Name (Last, First, Middle Initial) A. Premier Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 3694 Community Road		Amount of Each Disbursement this Period 26.5 Transaction ID : B-E-528
City Brunswick	State GA	
Zip Code 31520-2843	Purpose of Disbursement Administrative/Salary/Overhead: Printing	Category/ Type 001
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. Professional Data Services Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 2470 Daniels Bridge Road Suite 121		Amount of Each Disbursement this Period 1505.76 Transaction ID : B-E-529
City Athens	State GA	
Zip Code 30606-6191	Purpose of Disbursement Compliance Consulting	Category/ Type 001
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. Patrick Burnett		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 502 Neptune Way		Amount of Each Disbursement this Period 507.5 Transaction ID : B-E-505
City Saint Simons Island	State GA	
Zip Code 31522-4405	Purpose of Disbursement Administrative/Salary/Overhead: Salary	Category/ Type 001
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).....	2039.76
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	

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NAME OF COMMITTEE (In Full)
Friends of Jeff Chapman

Full Name (Last, First, Middle Initial) A. Patrick Burnett		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 502 Neptune Way		Amount of Each Disbursement this Period 725 Transaction ID : B-E-537
City Saint Simons Island	State GA	
Zip Code 31522-4405	Purpose of Disbursement Administrative/Salary/Overhead: Salary	Category/ Type 001
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. Angela P Chapman		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 130 Demery Drive		Amount of Each Disbursement this Period 202.68 Transaction ID : B-E-525
City Brunswick	State GA	
Zip Code 31523-1106	Purpose of Disbursement See Memo Entries	Category/ Type 001
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:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 805 Gloucester Street		Amount of Each Disbursement this Period 77 Transaction ID : B-S-54
City Brunswick	State GA	
Zip Code 31520-7073	Purpose of Disbursement Postage	Category/ Type 001
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:	[MEMO ITEM] Subitemization of Angela Chapman(04/22/14)

SUBTOTAL of Disbursements This Page (optional).....	927.68
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	

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NAME OF COMMITTEE (In Full)
Friends of Jeff Chapman

A. AT&T

Full Name (Last, First, Middle Initial)
Mailing Address 155 Altama Connector

City Brunswick State GA Zip Code 31525-1853

Purpose of Disbursement Telephone
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 22 / 2014

Amount of Each Disbursement this Period: 34.08

Transaction ID : B-S-55

[MEMO ITEM]
Subitemization of Angela Chapman(04/22/14)

B. Arosoft Internet

Full Name (Last, First, Middle Initial)
Mailing Address 15 Paradise Plaza # 192

City Sarasota State FL Zip Code 34239-6905

Purpose of Disbursement Internet
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 22 / 2014

Amount of Each Disbursement this Period: 44.85

Transaction ID : B-S-57

[MEMO ITEM]
Subitemization of Angela Chapman(04/22/14)

c. Angela P Chapman

Full Name (Last, First, Middle Initial)
Mailing Address 130 Demery Drive

City Brunswick State GA Zip Code 31523-1106

Purpose of Disbursement See Memo Entries
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 30 / 2014

Amount of Each Disbursement this Period: 2120.16

Transaction ID : B-E-535

Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional) 2120.16

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 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)
Friends of Jeff Chapman

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 805 Gloucester Street		Amount of Each Disbursement this Period 49
City Brunswick	State GA	
Zip Code 31520-7073	Purpose of Disbursement Postage	Transaction ID : B-S-58
Candidate Name	001 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)	[MEMO ITEM] Subitemization of Angela Chapman(04/30/14)
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 155 Altama Connector		Amount of Each Disbursement this Period 59.91
City Brunswick	State GA	
Zip Code 31525-1853	Purpose of Disbursement Telephone	Transaction ID : B-S-59
Candidate Name	001 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)	[MEMO ITEM] Subitemization of Angela Chapman(04/30/14)
State: District:		

Full Name (Last, First, Middle Initial) c. Hopkins Advertising		Date of Disbursement MM / DD / YYYY 04 / 30 / 2014
Mailing Address 185 Knight Avenue Circle		Amount of Each Disbursement this Period 2001
City Waycross	State GA	
Zip Code 31503-9577	Purpose of Disbursement Printing	Transaction ID : B-S-61
Candidate Name	001 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)	[MEMO ITEM] Subitemization of Angela Chapman(04/30/14)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 16 OF 17	
	<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)
Friends of Jeff Chapman

Full Name (Last, First, Middle Initial) A. Jeff Chapman		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO Box 1971		Amount of Each Disbursement this Period 164 Transaction ID : B-E-507
City Brunswick State GA Zip Code 31521-1971	Purpose of Disbursement Travel Expenses, Office Expenses, Event Supplies, Postage, Shipping, and Membership Dues 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)	Category/Type 001
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Arthur Cook		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 1126 Kings Cross		Amount of Each Disbursement this Period 277.78 Transaction ID : B-E-526
City Brunswick State GA Zip Code 31525-6823	Purpose of Disbursement Administrative/Salary/Overhead: Rent 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)	Category/Type 001
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City _____ State _____ Zip Code _____	Purpose of Disbursement 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)	Category/Type
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....	441.78
TOTAL This Period (last page this line number only).....	7057.65

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

NAME OF COMMITTEE (In Full)

Friends of Jeff Chapman

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jeff Chapman		Nature of Debt (Purpose): Administrative/Salary/Overhead: Direct Mail
Mailing Address PO Box 1971		
City State Zip Code Brunswick GA 31521-1971		

Outstanding Balance Beginning This Period 29527.17		Transaction ID : SD10-DEBT541	
Amount Incurred This Period 7109.17	Payment This Period 164	Outstanding Balance at Close of This Period 36472.34	

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

1) SUBTOTALS This Period This Page (optional)	36472.34
2) TOTALS This Period (last page this line number only)	36472.34
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) ▶	36472.34