

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF STATE
PUBLIC RECORDS
Office Use Only

12FE4M5 APR 16 PM 2:21

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

FRIENDS OF KAREN TESTERMAN

ADDRESS (number and street)

POST OFFICE BOX 3874

Check if different than previously reported. (ACC)

CONCORD

NH

03302

2. FEC IDENTIFICATION NUMBER ▼

C C00547828

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CITY ▲ STATE ▲ ZIP CODE ▲
STATE ▼ DISTRICT

NH

00

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

MM / DD / YYYY

DD /

YYYY

In the State of

XX

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

DD /

YYYY

In the State of

XX

5. Covering Period

MM / DD / YYYY

01 / 01 /

2014

through

MM / DD / YYYY

03 / 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 JONATHON A MOSELEY

Signature of Treasurer

JONATHON A MOSELEY

Date

04 / 15 / 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

14020244916

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 8

Write or Type Committee Name

FRIENDS OF KAREN TESTERMAN

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

	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))..	0.00	23050.07
(b) Total Contribution Refunds (from Line 20(d))..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	0.00	23050.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	2196.23	30442.23
(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))...	2196.23	30442.23
8. Cash on Hand at Close of Reporting Period (from Line 27)...	0.00	
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)...	8000.00	

For further information contact:

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

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

14020244917

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 8

Write or Type Committee Name

FRIENDS OF KAREN TESTERMAN

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

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)...

0.00

13335.00

(ii) Unitemized.....

0.00

9037.00

(iii) TOTAL of contributions from individuals

0.00

22372.00

(b) Political Party Committees...

0.00

0.00

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

0.00

668.07

(d) The Candidate.....

0.00

10.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(ii), (b), (c), and (d))..

0.00

23050.07

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

0.00

8000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

8000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

0.00

31050.07

14020244918

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES...

2196.23

30442.23

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES ..

607.84

607.84

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate...

0.00

0.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b))...

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees...

0.00

0.00

(b) Political Party Committees...

0.00

0.00

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

0.00

0.00

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

0.00

0.00

21. OTHER DISBURSEMENTS ...

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ▶

2804.07

31050.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

2804.07

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

0.00

25. SUBTOTAL (add Line 23 and Line 24)...

2804.07

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

2804.07

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25)...

0.00

14020244919

**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 5 OF 8			
	<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)
FRIENDS OF KAREN TESTERMAN

Full Name (Last, First, Middle Initial) A. JONATHAN MEADOWS		Date of Disbursement MM / DD / YYYY 01 / 08 / 2014	
Mailing Address PO BOX 3874		Amount of Each Disbursement this Period 2000.00	
City CONCORD	State NH	Zip Code 03302	Transaction ID : SB17.4562
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		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. JONATHAN MEADOWS		Date of Disbursement MM / DD / YYYY 01 / 08 / 2014	
Mailing Address PO BOX 3874		Amount of Each Disbursement this Period 97.18	
City CONCORD	State NH	Zip Code 03302	Transaction ID : SB17.4564
Purpose of Disbursement TRAVEL		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.		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	
Purpose of Disbursement		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).....	2097.18
TOTAL This Period (last page this line number only).....	2097.18

14020244920

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: PAGE 6 OF 8
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF KAREN TESTERMAN

Full Name (Last, First, Middle Initial)
A. TESTERMAN FOR SENATE

Mailing Address PO BOX 3874

City CONCORD State NH Zip Code 03302

Purpose of Disbursement TRANSFER

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NH District: 00

Date of Disbursement
MM / DD / YYYY
03 / 31 / 2014

Amount of Each Disbursement this Period
607.84

Transaction ID : SB18.4572

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... 607.84

TOTAL This Period (last page this line number only)..... 607.84

14020244921

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF KAREN TESTERMAN** Transaction ID : **SC/10.4309**

LOAN SOURCE Full Name (Last, First, Middle Initial) **KAREN TESTERMAN** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO BOX 3874

City State ZIP Code
 CONCORD NH 03302

Original Amount of Loan **3000.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **3000.00**

TERMS Date Incurred **10/23/2013** Date Due **ON DEMAND** Interest Rate **0.00** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 3000.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00

SUBTOTALS This Period This Page (optional)... **3000.00**

TOTALS This Period (last page in this line only) ... **3000.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020244922

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF KAREN TESTERMAN** Transaction ID : **SC/10.4310**

LOAN SOURCE Full Name (Last, First, Middle Initial) **KAREN TESTERMAN** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO BOX 3874

City State ZIP Code
 CONCORD NH 03302

Original Amount of Loan **5000.00** Cumulative Payment To Date **0.00** Balance Outstanding at Close of This Period **5000.00**

TERMS Date Incurred **11 / 15 / 2013** Date Due **ON DEMAND** Interest Rate **0.00** % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 5000.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 5000.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 5000.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 5000.00

SUBTOTALS This Period This Page (optional)... **5000.00**

TOTALS This Period (last page in this line only) ... **8000.00**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020244923

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PLEASE PRESS FIRMLY

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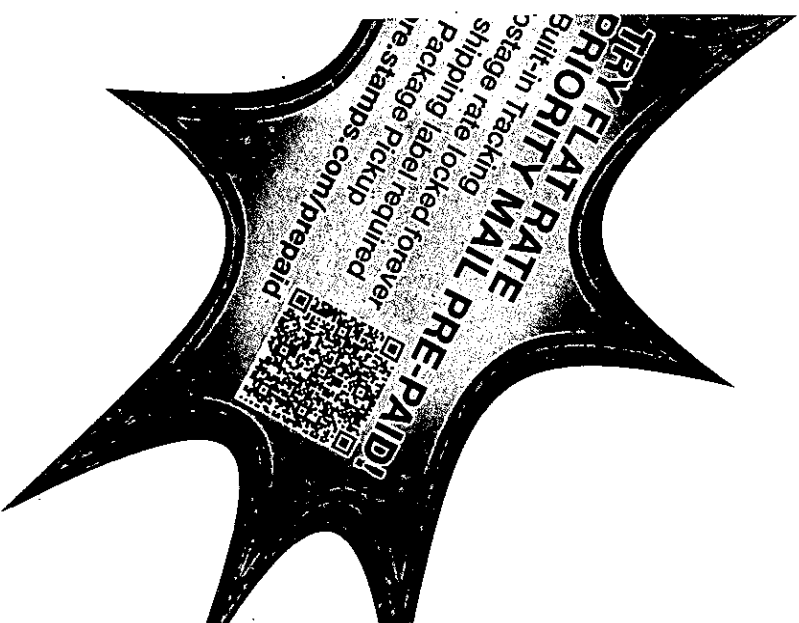
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PRIORITY MAIL
FLAT-RATE ENVELOPE
COMMERCIAL BASE PRICING
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FROM 22101
04/15/2014

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Tim Beall
Compliance Consulting of VA, LLC
6219 Kellogg Drive
MCLEAN VA 22101-3122
0024
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SECRETARY

ANA K. McCALLUM
SUPERINTENDENT
SENATE OFFICE BUILDING
SUITE 232
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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Postmark

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UPS	_____	<input type="checkbox"/>
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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

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Date of Receipt

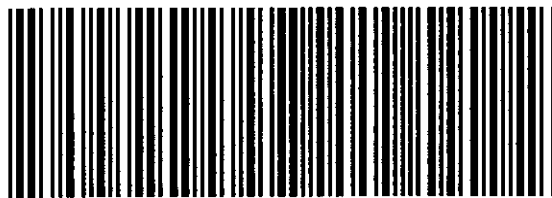
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Date of Receipt or Postmark

PREPARER MN DATE PREPARED 4/16/14

14020244925



SEN PATCH



SEN PATCH

14020244926