

# 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 Andy Patrick

ADDRESS (number and street) PO Box 5158  
 Check if different than previously reported. (ACC) Hilton Head Island SC 29938-8186

2. **FEC IDENTIFICATION NUMBER** C00540815 **CITY** **STATE** **ZIP CODE**  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) **STATE** **DISTRICT**  
SC 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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
02 / 28 / 2013 through 03 / 31 / 2013

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 J. Dudley King  
Signature of Treasurer J. Dudley King *[Electronically Filed]* Date M M / D D / Y Y Y Y  
04 / 15 / 2013

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 Andy Patrick**

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))....	35300.00	96912.20
(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)).....	35300.00	96912.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	52683.18	79922.71
(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)).....	52683.18	79922.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	16989.49	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	3584.35	

**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 Andy Patrick**

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).....	30550.00	87107.20
(ii) Unitemized.....	4000.00	8555.00
(iii) TOTAL of contributions from individuals ▶	34550.00	95662.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	750.00	1250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	35300.00	96912.20
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	35300.00	96912.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52683.18	79922.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	52683.18	79922.71

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	34372.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	35300.00
25. SUBTOTAL (add Line 23 and Line 24).....	69672.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52683.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16989.49

**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 31
	<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 Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**GREGORY M. ALFORD**

Mailing Address **6 RICE LANE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-5908**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2013**

**Transaction ID : SA11.199**

Amount of Each Receipt this Period  
**1500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID ARMISTEAD**

Mailing Address **5 CUSABO PLACE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-2020**

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

Name of Employer **HARGRAY COMMUNICATIONS GROUP** Occupation **ATTORNEY**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2013**

**Transaction ID : SA11.133**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES CAIN**

Mailing Address **54 BERMUDA POINTE CIRCLE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-1247**

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

Name of Employer **FREIGHTCO LOGISTICS** Occupation **OWNER**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 05 / 2013**

**Transaction ID : SA11.18**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**2000.00**

**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 31
	<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 Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL CANAVAN**

Mailing Address 369 FRIPP POINT RD

City State Zip Code  
ST HELENA ISLAND SC 29920-3435

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

Name of Employer Occupation  
RETIRED MILITARY

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2013

**Transaction ID : SA11.130**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES D'ALESSIO**

Mailing Address 209 FETTERBUSH ROAD

City State Zip Code  
ELGIN SC 29045-9185

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

Name of Employer Occupation  
BLUECROSS BLUESHIELD OF SC VP

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2013

**Transaction ID : SA11.182**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARIANNE DOY**

Mailing Address 41 BROWN THRASHER RD

City State Zip Code  
HILTON HEAD ISLAND SC 29926-1805

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

Name of Employer Occupation  
SELF EMPLOYED FINANCIAL MANAGER

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2013

**Transaction ID : SA11.143**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1500.00

**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 31
	<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 Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD EINHOUR**

Mailing Address **P.O. BOX 7966**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29938-7966**

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

Name of Employer **SELF** Occupation **FINANCE**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2013**

**Transaction ID : SA11.202**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GUY FOULKE**

Mailing Address **145 DILLON ROAD**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-3705**

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

Name of Employer **SELF** Occupation **ENTREPRENUR**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 14 / 2013**

**Transaction ID : SA11.154**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM FUGE**

Mailing Address **145 SAWMILL CREEK ROAD**

City **BLUFFTON** State **SC** Zip Code **29910-6304**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : SA11.170**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1750.00**

**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 31
	<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)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM FULLER**

Mailing Address **52 CANVASBACK ROAD**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-5719**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : SA11.172**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT J. GRASSI**

Mailing Address **54 BRIDGETOWN ROAD**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-3365**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2013**

**Transaction ID : SA11.152**

Amount of Each Receipt this Period  
**750.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL M. HELLMAN**

Mailing Address **5 BAYNARD PENNSULA**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-4131**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2013**

**Transaction ID : SA11.159**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1500.00**



**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 31
	<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 Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**RUSSELL M. HILDEBRAND**

Mailing Address **32 STARBOARD TACK**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-5284**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : SA11.171**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CATHERINE CANDLER HOAGLAND**

Mailing Address **61 SPARWHEEL LAND**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-1276**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 14 / 2013**

**Transaction ID : SA11.153**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PAULA HOPE**

Mailing Address **62 BRAMS POINT ROAD**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-2003**

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

Name of Employer **SELF** Occupation **SOCIAL WORKER**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2013**

**Transaction ID : SA11.195**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1500.00**

**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 10 OF 31
	<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)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**GERALD HUEBERT**

Mailing Address **23 CHESTERTON COURT**

City **BLUFFTON** State **SC** Zip Code **29910-7332**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 06 / 2013**

**Transaction ID : SA11.124**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL IAQUINTA**

Mailing Address **19 BOW CIRCLE, SUITE C**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-2301**

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

Name of Employer **ISELECTMD** Occupation **DIRECTOR**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 18 / 2013**

**Transaction ID : SA11.180**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WES JONES**

Mailing Address **910 MAY RIVER ROAD**

City **BLUFFTON** State **SC** Zip Code **29910-5805**

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

Name of Employer **JONES & NEWTON** Occupation **ATTORNEY**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 19 / 2013**

**Transaction ID : SA11.203**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1750.00**

**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 11 OF 31
	<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 Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL JOYCE**

Mailing Address 19 WOOD IBIS ROAD

City State Zip Code  
HILTON HEAD ISLAND SC 29928-5709

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

Name of Employer Occupation  
SELF CONSULTANT

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SA11.192**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARY LOU LINEBERGER**

Mailing Address 20 TOWN DRIVE # 395

City State Zip Code  
BLUFFTON SC 29910-4204

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SA11.193**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL LYNCH**

Mailing Address 13 BRIGANTINE

City State Zip Code  
HILTON HEAD ISLAND SC 29928-5216

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF BUSINESS, REAL ESTATE AND FINANCIAL

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2013

**Transaction ID : SA11.141**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

1500.00

**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 12 OF 31
	<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)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**GERALD MAYO**

Mailing Address **89 HARBOUR PASSAGE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29926-1264**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : SA11.176**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EUSE MITA**

Mailing Address **2224 E DEERFIELD DRIVE**

City **MEDIA** State **PA** Zip Code **19063-1834**

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

Name of Employer **MITA MANAGEMENT** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2013**

**Transaction ID : SA11.200**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL MOGIL**

Mailing Address **23 COMPASS POINT**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-1615**

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

Name of Employer **MOGIL LAW FIRM** Occupation **ATTORNEY**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2013**

**Transaction ID : SA11.135**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**2750.00**

**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 13 OF 31
	<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 Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**RAY OLESON**

Mailing Address 89 PLANTATION DRIVE

City State Zip Code  
HILTON HEAD ISLAND SC 29928-4134

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

Name of Employer Occupation  
INFO REQUESTED INFO REQUESTED

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2013

**Transaction ID : SA11.20**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID PARDUE**

Mailing Address 17 SOUTH BEACH LAGOON

City State Zip Code  
HILTON HEAD ISLAND SC 29928-5716

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

Name of Employer Occupation  
THE DACOURT GROUP EXECUTIVE

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SA11.191**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY PATTERSON**

Mailing Address 10 SANCTUARY POND ROAD

City State Zip Code  
COHASSET MA 02025-1386

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

Name of Employer Occupation  
NELSON MULLINS LAWYER

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 12 / 2013

**Transaction ID : SA11.136**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

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

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

2750.00

**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 14 OF 31
	<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)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**MORRIS PINKOWITZ**

Mailing Address **56 W CANADIAN WOODS ROAD**

City **MANALAPAN** State **NJ** Zip Code **07726-2749**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 11 / 2013**

**Transaction ID : SA11.160**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS E. POPE**

Mailing Address **1622 PIONEER ROAD**

City **YORK** State **SC** Zip Code **29745-7377**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 14 / 2013**

**Transaction ID : SA11.150**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARISA RANDAZZO**

Mailing Address **107 S. WEST ST, PMB 473**

City **ALEXANDRIA** State **VA** Zip Code **22314-2824**

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

Name of Employer **THREAT ASSESSMENT RESOURCES INTL** Occupation **PSYCHOLOGIST**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2013**

**Transaction ID : SA11.144**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**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 15 OF 31
	<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 Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**FRANK RATTI**

Mailing Address 47 RIVER CLUB DRIVE

City State Zip Code  
HILTON HEAD ISLAND SC 29926-2312

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2013

**Transaction ID : SA11.161**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES REED**

Mailing Address 12 FOOT POINT ROAD

City State Zip Code  
HILTON HEAD ISLAND SC 29928-3322

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

Name of Employer Occupation  
CHARTER ONE REALTY OWNER

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SA11.179**

Amount of Each Receipt this Period  
1250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JR. RICHARDSON**

Mailing Address P.O. BOX 6133

City State Zip Code  
HILTON HEAD ISLAND SC 29938-6133

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

Name of Employer Occupation  
SELF DEVELOPER

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SA11.178**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2750.00

**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 16 OF 31
	<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 Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**ALLEN ROTH**

Mailing Address **255 RAYMOND ST**

City **ROCKVILLE CENTRE** State **NY** Zip Code **11570-3123**

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

Name of Employer **RSL MANAGEMENT** Occupation **ADMINISTRATOR**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2013**

**Transaction ID : SA11.139**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAUL ROTH**

Mailing Address **13 OLDFIELD VILLAGE ROAD**

City **BLUFFTON** State **SC** Zip Code **29909-7011**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2013**

**Transaction ID : SA11.197**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GARY ROWE**

Mailing Address **12 DYLAN'S POINTE**

City **OKATIE** State **SC** Zip Code **29909-4150**

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

Name of Employer **SELF** Occupation **REAL ESTATE**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 07 / 2013**

**Transaction ID : SA11.128**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

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

**1550.00**



**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 17 OF 31
	<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 Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**JIMMY ROWE**

Mailing Address 51 HAUL AWAY

City State Zip Code  
HILTON HEAD ISLAND SC 29928-5283

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

Name of Employer Occupation  
KINGHORN INSURANCE INSURANCE BROKER

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2013

**Transaction ID : SA11.173**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARK SCUDIERY**

Mailing Address 14 FARMSTEAD DRIVE

City State Zip Code  
NORTH CALDWELL NJ 07006-4306

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2013

**Transaction ID : SA11.151**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM H. STERN**

Mailing Address 2134 BERMUDA HILLS ROAD

City State Zip Code  
COLUMBIA SC 29223-6733

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2013

**Transaction ID : SA11.184**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

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

3500.00

**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 18 OF 31
	<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 Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**B MARC STUCKART**

Mailing Address **40 BRAMS POINT ROAD**

City **HILTON HEAD** State **SC** Zip Code **29926-2003**

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

Name of Employer **MERRILL LYNCH** Occupation **FINANCIAL ADVISOR**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 28 / 2013**

**Transaction ID : SA11.12**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES SYNK**

Mailing Address **35 BAYNARD PK. RD.**

City **HILTON HEAD** State **SC** Zip Code **29928-4161**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2013**

**Transaction ID : SA11.138**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GLORIA TAGGART**

Mailing Address **10 COTTINGHAM ROAD**

City **BLUFFTON** State **SC** Zip Code **29910-4717**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : SA11.169**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<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 Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**JUDY TREW**

Mailing Address **15 KNIGHTSBRIDGE LANE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-3366**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 05 / 2013**

**Transaction ID : SA11.19**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**G. THOMAS UPSHAW**

Mailing Address **12 BAYLEY ROAD**

City **BLUFFTON** State **SC** Zip Code **29910-4929**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : SA11.174**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES L. WALLACE**

Mailing Address **7 TWICKENHAM LANE**

City **HILTON HEAD ISLAND** State **SC** Zip Code **29928-3353**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : SA11.175**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**4000.00**

**30550.00**

**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 20 OF 31
	<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	

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NAME OF COMMITTEE (In Full)  
**Friends of Andy Patrick**

**A.** Full Name (Last, First, Middle Initial)  
**ADVANCE AMERICA CASH ADVANCE CENTERS, INC**

Mailing Address 135 NORTH CHURCH STREET

City State Zip Code  
SPARTANBURG SC 29306-5138

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

Name of Employer Occupation

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2013

**Transaction ID : SA11.201**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**REGIONS FINANCIAL CORPORATION PAC**

Mailing Address 417 20TH STREET NORTH

City State Zip Code  
BIRMINGHAM AL 35203-3203

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

Name of Employer Occupation

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11.165**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**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).....

750.00

750.00

**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 21 OF 31			
	<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 Andy Patrick**

Full Name (Last, First, Middle Initial) <b>A. AMEX COLLECTION</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address		Amount of Each Disbursement this Period 21.41
City	State Zip Code	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	<b>Transaction ID : SB17.I67</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. MERCHANT SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2013
Mailing Address		Amount of Each Disbursement this Period 124.40
City	State Zip Code	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	<b>Transaction ID : SB17.I68</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. KRISTIN BEAULIEU</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2013
Mailing Address 136 PRINCETON ROAD		Amount of Each Disbursement this Period 5000.00
City	State Zip Code NASHUA NH 03064	
Purpose of Disbursement POLITICAL CONSULTING	Category/Type	<b>Transaction ID : SB17.I48</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5145.81
<b>TOTAL</b> 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 22 OF 31			
	<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 Andy Patrick**

Full Name (Last, First, Middle Initial) <b>A. ROBERT J. MAY III</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 25 HOOPES ROAD		Amount of Each Disbursement this Period 901.48 <b>Transaction ID : SB17.I50</b>
City NEWPORT NEWS	State VA	
Zip Code 23602	Purpose of Disbursement MILEAGE AND TELEPHONE EXPENSES	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: 00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT J. MAY III</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 25 HOOPES ROAD		Amount of Each Disbursement this Period 343.94 <b>Transaction ID : SB17.I51</b>
City NEWPORT NEWS	State VA	
Zip Code 23602	Purpose of Disbursement MILEAGE AND TELEPHONE EXPENSES	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: 00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT J. MAY III</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 25 HOOPES ROAD		Amount of Each Disbursement this Period 293.00 <b>Transaction ID : SB17.I52</b>
City NEWPORT NEWS	State VA	
Zip Code 23602	Purpose of Disbursement TELEPHONE	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: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1538.42
<b>TOTAL</b> 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 23 OF 31			
	<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 Andy Patrick**

Full Name (Last, First, Middle Initial) <b>A. ROBERT J. MAY III</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013	
Mailing Address 25 HOOPES ROAD			Amount of Each Disbursement this Period 4000.00	
City NEWPORT NEWS	State VA	Zip Code 23602	Transaction ID : SB17.I54	
Purpose of Disbursement 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: 00				

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013	
Mailing Address 1593 TYSONS CORNER, SUITE 400			Amount of Each Disbursement this Period 798.00	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB17.I57	
Purpose of Disbursement COMPLIANCE SOFTWARE		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: 00				

Full Name (Last, First, Middle Initial) <b>C. COASTAL STATES BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2013	
Mailing Address			Amount of Each Disbursement this Period 15.00	
City HILTON HEAD ISLAND	State SC	Zip Code 29928	Transaction ID : SB17.I65	
Purpose of Disbursement WIRE TRANSFER 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: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4813.00
<b>TOTAL</b> 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 24 OF 31			
	<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 Andy Patrick**

Full Name (Last, First, Middle Initial) <b>A. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2013
Mailing Address		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.I58</b>
City	State CA Zip Code	
Purpose of Disbursement GOOGLE ADS	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: 00		

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2013
Mailing Address		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.I59</b>
City	State CA Zip Code	
Purpose of Disbursement GOOGLE ADS	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: 00		

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2013
Mailing Address		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB17.I60</b>
City	State CA Zip Code	
Purpose of Disbursement GOOGLE TEST	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: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	551.00
<b>TOTAL</b> 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 25 OF 31	
	<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 Andy Patrick**

Full Name (Last, First, Middle Initial) <b>A. JOHNSTON CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 18 / 2013</b>
Mailing Address <b>97 STATE STREET</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>MONTPELIER</b>	State <b>VT</b>	
Zip Code <b>05602</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING SERVICE</b>	<b>Transaction ID : SB17.I41</b>
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: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. JOHNSTON CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2013</b>
Mailing Address <b>97 STATE STREET</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>MONTPELIER</b>	State <b>VT</b>	
Zip Code <b>05602</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	<b>Transaction ID : SB17.I49</b>
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: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. JOHNSTON CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2013</b>
Mailing Address <b>97 STATE STREET</b>		Amount of Each Disbursement this Period <b>620.00</b>
City <b>MONTPELIER</b>	State <b>VT</b>	
Zip Code <b>05602</b>	Purpose of Disbursement <b>FUNDRAISING MAILING EXPENSE</b>	<b>Transaction ID : SB17.I56</b>
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: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8120.00</b>
<b>TOTAL</b> 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 26 OF 31	
	<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 Andy Patrick**

Full Name (Last, First, Middle Initial) <b>A. MADISON STRATEGIC VENTURES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2013</b>
Mailing Address <b>8270 GREENSBORO DRIVE, SUITE 810</b>		Amount of Each Disbursement this Period <b>3000.00</b>
City <b>MCLEAN</b> State <b>VA</b> Zip Code <b>22102</b>	Category/Type	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.I46</b>
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: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. MAJORITY STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2013</b>
Mailing Address <b>135 PROFESSIONAL DRIVE, SUITE 104</b>		Amount of Each Disbursement this Period <b>5701.20</b>
City <b>PONTE VEDRA BEACH</b> State <b>FL</b> Zip Code <b>32082</b>	Category/Type	
Purpose of Disbursement <b>MAILING</b>	Candidate Name	<b>Transaction ID : SB17.I61</b>
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: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. MAJORITY STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 06 / 2013</b>
Mailing Address <b>135 PROFESSIONAL DRIVE, SUITE 104</b>		Amount of Each Disbursement this Period <b>6032.22</b>
City <b>PONTE VEDRA BEACH</b> State <b>FL</b> Zip Code <b>32082</b>	Category/Type	
Purpose of Disbursement <b>MAILING</b>	Candidate Name	<b>Transaction ID : SB17.I62</b>
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: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>14733.42</b>
<b>TOTAL</b> 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 27 OF 31	
	<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 Andy Patrick**

**A. MAJORITY STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement MAILING

Candidate Name

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

State: District: 00

Date of Disbursement: 03 / 14 / 2013

Amount of Each Disbursement this Period: 5174.23

Transaction ID : SB17.I63

**B. NOVA**

Full Name (Last, First, Middle Initial)  
Mailing Address 13755 SUNRISE VALLEY DRIVE SUITE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement LIST RENTAL

Candidate Name

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

State: District: 00

Date of Disbursement: 03 / 06 / 2013

Amount of Each Disbursement this Period: 175.00

Transaction ID : SB17.I64

**C. PIRYX**

Full Name (Last, First, Middle Initial)  
Mailing Address 144 2ND STREET, 1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

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

State: District: 00

Date of Disbursement: 03 / 19 / 2013

Amount of Each Disbursement this Period: 359.41

Transaction ID : SB17.I66

**SUBTOTAL** of Disbursements This Page (optional)..... 5708.64

**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 28 OF 31		
	<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 Andy Patrick**

**A. RIGHT ON STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement  
AUTOMATED CALLS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 18 / 2013

Amount of Each Disbursement this Period: 220.00

Transaction ID : SB17.I37

**B. RIGHT ON STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement  
ONLINE MARKETING AND GRAPHIC DESIGN

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 18 / 2013

Amount of Each Disbursement this Period: 1200.00

Transaction ID : SB17.I40

**C. RIGHT ON STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement  
TELEPHONE TOWN HALL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 17 / 2013

Amount of Each Disbursement this Period: 4000.00

Transaction ID : SB17.I47

**SUBTOTAL** of Disbursements This Page (optional) ..... 5420.00

**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 29 OF 31		
	<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 Andy Patrick**

Full Name (Last, First, Middle Initial)  
**A. RIGHT ON STRATEGIES**

Mailing Address 373 S. WILLOW STREET

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 11 / 2013

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.I55

Full Name (Last, First, Middle Initial)  
**B. RIGHTON STRATEGIES, LLC**

Mailing Address 373 SOUTH WILLOW STREET  
PMB 106

City MANCHESTER State NH Zip Code 03103

Purpose of Disbursement CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 01 / 2013

Amount of Each Disbursement this Period: 3000.00

Transaction ID : SB17.I53

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

Mailing Address 1050 FORDING ISLAND ROAD

City BLUFFTON State SC Zip Code 29910

Purpose of Disbursement UPS OVERNIGHT

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 03 / 14 / 2013

Amount of Each Disbursement this Period: 23.86

Transaction ID : SB17.I43

**SUBTOTAL** of Disbursements This Page (optional) ..... 6023.86

**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 30 OF 31	
	<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 Andy Patrick**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 19 / 2013</b>
Mailing Address <b>1050 FORDING ISLAND ROAD</b>		Amount of Each Disbursement this Period <b>89.03</b>
City <b>BLUFFTON</b> State <b>SC</b> Zip Code <b>29910</b>	Purpose of Disbursement <b>PRINTING</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I45</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <b>00</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2013</b>
Mailing Address		Amount of Each Disbursement this Period <b>540.00</b>
City <b>HILTON HEAD ISLAND</b> State <b>SC</b> Zip Code <b>29928</b>	Purpose of Disbursement <b>POSTAGE</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I44</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <b>00</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		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	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>629.03</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>52683.18</b>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Andy Patrick** Transaction ID : FEC1

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. Andy Patrick</b>	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 71 Widewater Road	

City	State	ZIP Code
Hilton Head Island	SC	29926-2047

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3584.35	0.00	3584.35

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
02 / 27 / 2013	08 / 13 / 0702	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	3584.35
<b>TOTALS</b> This Period (last page in this line only).....	3584.35

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