

# 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.   
Friends of Jane Dittmar

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

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

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

5. Covering Period  /  /  through  /  /

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 Ms. Jennifer J Brown

Signature of Treasurer Ms. Jennifer J Brown [Electronically Filed] Date  /  /

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**Friends of Jane Dittmar**

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))....	62030.00	318207.26
(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)).....	62030.00	318207.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	37673.46	174241.86
(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)).....	37673.46	174241.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	138305.96	
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).....	9901.37	

**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 Jane Dittmar**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 04 / 17 / 2016

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).....	58650.00	268380.00
(ii) Unitemized.....	2880.00	39705.53
(iii) TOTAL of contributions from individuals ▶	61530.00	308085.53
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	7421.73
(d) The Candidate.....	0.00	2700.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	62030.00	318207.26
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	14.86
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	62030.00	318222.12

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37673.46	174241.86
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	321.73
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	37673.46	174563.59

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	113949.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	62030.00
25. SUBTOTAL (add Line 23 and Line 24).....	175979.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37673.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	138305.96

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

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

FOR LINE NUMBER: PAGE 5 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Onnie Baldwin**

Mailing Address 921 Raymond Rd

City State Zip Code  
Charlottesville VA 22902-6014

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

Name of Employer self Occupation psychotherapist

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016

**Transaction ID : VR0EWGHAVV4**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Betsy Baten**

Mailing Address 3508 Wedgewood Ct

City State Zip Code  
Keswick VA 22947-9180

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2016

**Transaction ID : VR0EWGJSVA9**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jean B. Baum**

Mailing Address 5281 Sugar Ridge Rd

City State Zip Code  
Crozet VA 22932-2201

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2016

**Transaction ID : VR0EWGDCZY2**

Amount of Each Receipt this Period  
 250.00

Memo Item

**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: PAGE 6 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Lock Boyce**

Mailing Address 21047 Jeb Stuart Hwy

City State Zip Code  
Stuart VA 24171-2765

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

Name of Employer Occupation  
Holland Veterinary Services Veterinarian

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2016

**Transaction ID : VR0EWGHYNJ8**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Wendy Buck Brown**

Mailing Address 1505 Dairy Rd

City State Zip Code  
Charlottesville VA 22903-1303

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

Name of Employer Occupation  
self employed consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : VR0EWGE0CG1**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1832 Wayside Pl

City State Zip Code  
Charlottesville VA 22903-1631

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

Name of Employer Occupation  
Mc Lean Faulconer, Inc. Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2016

**Transaction ID : VR0EWGG7YK2**

Amount of Each Receipt this Period  
250.00

Memo Item

**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: PAGE 7 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Karen Chapman**

Mailing Address 29 Old Farm Rd

City State Zip Code  
Charlottesville VA 22903-4725

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

Name of Employer Occupation  
Self Marketing Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : VR0EWGHK436**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lynne D Conboy**

Mailing Address 300 Parsons Dr  
Apt 310

City State Zip Code  
Charlottesville VA 22901-3223

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

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 03 / 2016**

**Transaction ID : VR0EWG8JV62**

Amount of Each Receipt this Period  
**700.00**

Memo Item

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

Mailing Address 345 Barracks HI

City State Zip Code  
Charlottesville VA 22901-8844

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

Name of Employer Occupation  
retired history teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 05 / 2016**

**Transaction ID : VR0EWGDKDA3**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**1450.00**

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

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

FOR LINE NUMBER: PAGE 8 OF 83  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Rebecca T. Craig**

Mailing Address 5600 Turkey Sag Rd

City State Zip Code  
Keswick VA 22947-1609

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

Name of Employer Occupation  
Retired Social Worker

Receipt For: 2016  
 Primary     General  
 Other (specify)    Convention

Election Cycle-to-Date  
**2950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2016**

**Transaction ID : VR0EWG8HMJ3**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Rebecca T. Craig**

Mailing Address 5600 Turkey Sag Rd

City State Zip Code  
Keswick VA 22947-1609

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

Name of Employer Occupation  
Retired Social Worker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2016**

**Transaction ID : VR0EWG8Q4V7**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Joseph R. Daniel**

Mailing Address 2166 December Ct

City State Zip Code  
Culpeper VA 22701-3311

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

Name of Employer Occupation  
Jefferson Homebuilders Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)    Convention

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 14 / 2016**

**Transaction ID : VR0EWGHYPY3**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

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

**5650.00**

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

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

FOR LINE NUMBER: PAGE 9 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Bridget Davis**

Mailing Address 501 Lexington Ave

City State Zip Code  
Charlottesville VA 22902-4713

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

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2016

**Transaction ID : VR0EWGGC735**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lucille H. Digges**

Mailing Address 1334 Pendleton Ct

City State Zip Code  
Charlottesville VA 22901-0616

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

Name of Employer Occupation  
N/A retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2016

**Transaction ID : VR0EWGHYR44**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Pattie Anne Downer**

Mailing Address 713 Lyons Ave

City State Zip Code  
Charlottesville VA 22902-4309

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

Name of Employer Occupation  
Retired Registered Nurse

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2016

**Transaction ID : VR0EWGGBSK2**

Amount of Each Receipt this Period  
250.00

Memo Item

**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 10 OF 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Janine Dozier**

Mailing Address 2967 Mill Grove Ln

City North Garden State VA Zip Code 22959-1621

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

Name of Employer Consultant Occupation Self Employed

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2016

**Transaction ID : VR0EWGHCW34**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Robin D. Dripps**

Mailing Address 6152 Plank Road

City Batesville State VA Zip Code 22924

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

Name of Employer University of Virginia Occupation teacher

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2016

**Transaction ID : VR0EWG8HVC1**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Pam F. Edmonds**

Mailing Address 85 Farmington Dr

City Charlottesville State VA Zip Code 22901-1927

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : VR0EWGHGKJ3**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3950.00

**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 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Emma Carrington Edmunds**

Mailing Address 104 Locust Lane Ct  
Charlottesville

City Charlottesville State VA Zip Code 22901-4176

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

Name of Employer Self Employed: Work is supported by th  
Occupation Research and Project Director for the

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 12 / 2016

**Transaction ID : VR0EWGHJTZ5**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Emma Carrington Edmunds**

Mailing Address 104 Locust Lane Ct  
Charlottesville

City Charlottesville State VA Zip Code 22901-4176

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

Name of Employer Self Employed: Work is supported by th  
Occupation Research and Project Director for the

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**Transaction ID : VR0EWGHYP64**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Rose B. Emery**

Mailing Address 3475 Free Union Rd

City Charlottesville State VA Zip Code 22901-5606

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

Name of Employer Self  
Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : VR0EWGH63H1**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 12 OF 83  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Christine S Eure**

Mailing Address 1556 Dairy Rd

City Charlottesville State VA Zip Code 22903-1304

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

Name of Employer Paramount Theater Occupation Executive Director

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGH6348**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Barbara J. Fried**

Mailing Address 5924 Fried Farm Rd

City Crozet State VA Zip Code 22932-1605

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

Name of Employer Fried Companies, Inc. Occupation Developer

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 11 / 2016**

**Transaction ID : VR0EWGHFT73**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

Mailing Address 2402 Pendower Ln

City Keswick State VA Zip Code 22947-9192

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2016**

**Transaction ID : VR0EWGHCEF8**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**3200.00**

**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 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen M Galvin**

Mailing Address 712 Lyons Ave

City State Zip Code  
Charlottesville VA 22902-4310

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

Name of Employer Occupation  
Self Employed, Kathleen M. Galvin Arch Architect

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**375.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 12 / 2016**

**Transaction ID : VR0EWGHKHE1**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Page O'Neil Gilliam**

Mailing Address 210 10th St NE  
Apt 501

City State Zip Code  
Charlottesville VA 22902-4761

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGH7X10**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address 285 Thurman Rd

City State Zip Code  
Troy VA 22974-3884

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

Name of Employer Occupation  
Lynne Goldman Elements Designer

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 05 / 2016**

**Transaction ID : VR0EWGGB2J5**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**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: PAGE 14 OF 83  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Angela G. Gunter**

Mailing Address 1941 Thomson Rd

City State Zip Code  
Charlottesville VA 22903-2450

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

Name of Employer Occupation  
Charlottesville-Albemarle SPCA Director of Advancement

Receipt For: 2016  
 Primary     General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 12 / 2016

**Transaction ID : VR0EWGHJG59**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Alice Handy**

Mailing Address 2278 Chapel Spring Ln

City State Zip Code  
Free Union VA 22940-1922

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

Name of Employer Occupation  
Investure, LLC President/CEO

Receipt For: 2016  
 Primary     General  
 Other (specify) Convention

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : VR0EWGGD9C8**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 2720 Earlysville Rd

City State Zip Code  
Earlysville VA 22936-9665

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

Name of Employer Occupation  
N/A N/A

Receipt For: 2016  
 Primary     General  
 Other (specify) Convention

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 17 / 2016

**Transaction ID : VR0EWGJSJ01**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

5650.00

**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 83
	<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 Jane Dittmar**

**A. Dawn Heneberry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2317 Glenn Ct  
 City Charlottesville State VA Zip Code 22901-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SunTrust Occupation Banker  
 Receipt For: 2016  
 Primary  General  
 Other (specify) Convention  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016  
**Transaction ID : VR0EWGE0FD4**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Sue Hess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Rosser Ln  
 City Charlottesville State VA Zip Code 22903-1623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mental Health America Occupation Nurse  
 Receipt For: 2016  
 Primary  General  
 Other (specify) Convention  
 Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016  
**Transaction ID : VR0EWGDSJE4**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Lila R. Heymann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 Rio Rd E  
 City Charlottesville State VA Zip Code 22901-3702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State of Va Occupation Psych evaluator  
 Receipt For: 2016  
 Primary  General  
 Other (specify) Convention  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016  
**Transaction ID : VR0EWGHECK1**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**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 16 OF 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Buford Hitz**

Mailing Address 521 1st St N

City State Zip Code  
Charlottesville VA 22902-4612

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

Name of Employer Occupation  
Self-employed Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**350.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2016**

**Transaction ID : VR0EWGHCYM1**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Joyce Holt**

Mailing Address 914 Rugby Rd

City State Zip Code  
Charlottesville VA 22903-1606

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2016**

**Transaction ID : VR0EWGHTGT8**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jack Moore Horn, Sr.**

Mailing Address 700 Highland Ave

City State Zip Code  
Charlottesville VA 22903-4015

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

Name of Employer Occupation  
Martin Horn Inc. Construction

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 11 / 2016**

**Transaction ID : VR0EWGHDS03**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**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: PAGE 17 OF 83  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Laura A. Horn**

Mailing Address 202 Douglas Ave  
Apt 3B

City Charlottesville State VA Zip Code 22902-5776

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

Name of Employer retired Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016

**Transaction ID : VR0EWGHJM40**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Fred W. Hudson**

Mailing Address PO Box 84

City Free Union State VA Zip Code 22940-0084

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2016

**Transaction ID : VR0EWGJFBC3**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1303 Branchlands Dr

City Charlottesville State VA Zip Code 22901-1753

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

Name of Employer Retired Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2016

**Transaction ID : VR0EWGHYRB9**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 18 OF 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Betty Imhoff**

Mailing Address 500 Crestwood Dr  
Unit 1410

City Charlottesville State VA Zip Code 22903-4858

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : VR0EWGHR02**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Katherine L Imhoff**

Mailing Address PO Box 197

City Montpelier Station State VA Zip Code 22957-0197

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

Name of Employer Montpelier Foundation Occupation President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : VR0EWGHFSY2**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1089 Olympia Dr

City Charlottesville State VA Zip Code 22911-3538

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

Name of Employer Beaufort Books Occupation Writer

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 07 / 2016

**Transaction ID : VR0EWGGB339**

Amount of Each Receipt this Period  
250.00

Memo Item

**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 19 OF 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Ulrike Joiner**

Mailing Address 150 Hidden Springs Ln

City Nellysford State VA Zip Code 22958-8028

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 07 / 2016

**Transaction ID : VR0EWGG9XS2**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Laura Keohane**

Mailing Address 126 Wilson Cir

City Farmville State VA Zip Code 23901-2729

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

Name of Employer Wells Fargo Occupation Bank trust officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 06 / 2016

**Transaction ID : VR0EWGDSG24**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 126 Wilson Cir

City Farmville State VA Zip Code 23901-2729

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

Name of Employer Wells Fargo Occupation Bank trust officer

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 06 / 2016

**Transaction ID : VR0EWGEPW44**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 20 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Constance R. Kincheloe**

Mailing Address 18039 Birmingham Rd

City State Zip Code  
Culpeper VA 22701-6900

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

Name of Employer Occupation  
Not employed Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : VR0EWGHFTS5**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Gwen Kinsey**

Mailing Address 10550 Reeds Landing Cir

City State Zip Code  
Burke VA 22015-2551

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

Name of Employer Occupation  
Self Employed Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2016

**Transaction ID : VR0EWGHBY88**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 989 Allendale Dr

City State Zip Code  
Charlottesville VA 22901-9228

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

Name of Employer Occupation  
none retired teacher and writer

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2016

**Transaction ID : VR0EWGHBH22**

Amount of Each Receipt this Period  
 250.00

Memo Item

**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: PAGE 21 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Jane B. Kulow**

Mailing Address 3310 Rosewood Ln

City State Zip Code  
Charlottesville VA 22903-9359

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

Name of Employer Occupation  
Virginia Foundation for the Humanities Director, Virginia Center for the Book

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2016

**Transaction ID : VR0EWGHCQ66**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Hough Lee**

Mailing Address 1535 Rugby Rd

City State Zip Code  
Charlottesville VA 22903-1242

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

Name of Employer Occupation  
Not employed Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2016

**Transaction ID : VR0EWGHBGB3**

Amount of Each Receipt this Period  
1250.00

Memo Item

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

Mailing Address 6024 Midway Rd

City State Zip Code  
Charlottesville VA 22903-7379

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

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : VR0EWGHD8Z0**

Amount of Each Receipt this Period  
250.00

Memo Item

**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 22 OF 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Peppy Goldstein Linden**

Mailing Address 511 1st St N  
Apt 503

City Charlottesville State VA Zip Code 22902-4640

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : VR0EWGGD9Z8**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Sandra Lowe**

Mailing Address 3383 Duncroft Ct

City Keswick State VA Zip Code 22947-9139

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : VR0EWGGD8B0**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 1425 Bremerton Ln

City Keswick State VA Zip Code 22947-9146

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**Transaction ID : VR0EWGHYP24**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 23 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Mandell**

Mailing Address 300 Turkey Ridge Rd

City State Zip Code  
Charlottesville VA 22903-9714

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

Name of Employer Occupation  
Self Employed - Elizabeth Mandell MD doctor

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGH95E7**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ann McAndrew**

Mailing Address 2050 Field Creek Ln

City State Zip Code  
Charlottesville VA 22903-7615

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

Name of Employer Occupation  
Albemarle County Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 04 / 2016**

**Transaction ID : VR0EWG8REQ4**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Diantha H. McKeel**

Mailing Address 103 Smithfield Ct

City State Zip Code  
Charlottesville VA 22901-2252

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 09 / 2016**

**Transaction ID : VR0EWGHBG06**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**1250.00**

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

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

FOR LINE NUMBER: PAGE 24 OF 83  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Katherine Elaine McNamara**

Mailing Address 925 Marshall St

City Charlottesville State VA Zip Code 22901-3928

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

Name of Employer Archipelago Publishers, Inc./Artist's Occupation publisher; editor

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGGDCK0**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Louise McNamee**

Mailing Address 1025 Hammocks Gap Rd

City Charlottesville State VA Zip Code 22911-6028

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2016**

**Transaction ID : VR0EWGHCT48**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address 10550 Reeds Landing Cir

City Burke State VA Zip Code 22015-2551

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

Name of Employer Houghton Mifflin Harcourt Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGGDBH3**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**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 25 OF 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Sherri Moore**

Mailing Address 15 Canterbury Rd

City State Zip Code  
Charlottesville VA 22903-4701

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

Name of Employer Occupation  
Univeristy of Virginia Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : VR0EWGGDJ38**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Janet Yarian Morrow**

Mailing Address 213 E Jefferson St

City State Zip Code  
Charlottesville VA 22902-5165

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 09 / 2016

**Transaction ID : VR0EWGHBGJ8**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address PO Box 7

City State Zip Code  
Keene VA 22946-0007

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

Name of Employer Occupation  
GREENBRIER SQUARE, LLC Property Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : VR0EWGHDFD3**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

3950.00

**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 26 OF 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Dianne Murray**

Mailing Address 904 Rainier Rd

City Charlottesville State VA Zip Code 22903-4000

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

Name of Employer Home Instead Senior Care Occupation Nurse

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : VR0EWGENAC9**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Meghan R Murray**

Mailing Address 2183 Greenmont Farm

City Esmont State VA Zip Code 22937-1553

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

Name of Employer Stynson LLC Occupation marketing

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : VR0EWGEPHM6**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jessica W Nagle**

Mailing Address PO Box 330

City White Hall State VA Zip Code 22987-0330

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

Name of Employer Self- Deep Rock LLC Occupation Managing Member

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2016

**Transaction ID : VR0EWG8Q0Z0**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 27 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**James W. Newman, Jr. Jr.**

Mailing Address 2805 Barracks Rd

City State Zip Code  
Charlottesville VA 22901-2002

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 11 / 2016**

**Transaction ID : VR0EWGHFSW6**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Thomas G Pellikaan**

Mailing Address 187 Red Oak Mountain Rd

City State Zip Code  
Woodville VA 22749-1801

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 04 / 2016**

**Transaction ID : VR0EWG8PR58**

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

Mailing Address 2217 Wingfield Rd

City State Zip Code  
Charlottesville VA 22901-8894

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

Name of Employer Occupation  
Feil, Pettit & Williams Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 17 / 2016**

**Transaction ID : VR0EWGJSTE0**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**600.00**

**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 28 OF 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Lucia B. Phinney**

Mailing Address **PO Box 60**

City **Batesville** State **VA** Zip Code **22924-0060**

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

Name of Employer **University of Virginia** Occupation **teacher**

Receipt For: 2016  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 02 / 2016**

**Transaction ID : VR0EWG8HTN9**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Charles Puttkammer**

Mailing Address **PO Box 356**

City **Mackinac Island** State **MI** Zip Code **49757-0356**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGGD8X0**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Christine M. Reppucci**

Mailing Address **401 Georgetown Rd**

City **Charlottesville** State **VA** Zip Code **22901-2458**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2016  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date  
**425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 07 / 2016**

**Transaction ID : VR0EWGGB6A1**

Amount of Each Receipt this Period  
**200.00**

Memo Item

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

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

**3400.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Christine M. Reppucci**

Mailing Address 401 Georgetown Rd

City State Zip Code  
Charlottesville VA 22901-2458

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

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary     General  
 Other (specify)    Convention

Election Cycle-to-Date  
425.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 07 / 2016

**Transaction ID : VR0EWGGB6D5**

Amount of Each Receipt this Period  
200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lois Rochester**

Mailing Address 250 Pantops Mountain Rd  
Apt 5103

City State Zip Code  
Charlottesville VA 22911-8701

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

Name of Employer Occupation  
unemployed retired

Receipt For: 2016  
 Primary     General  
 Other (specify)    Convention

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : VR0EWGHD9G4**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 5565 Hill Top St

City State Zip Code  
Crozet VA 22932-3168

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

Name of Employer Occupation  
Charlottesville Area Community Foundat Foundation Director

Receipt For: 2016  
 Primary     General  
 Other (specify)    Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2016

**Transaction ID : VR0EWGHDES5**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

950.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Betty Cox Scott**

Mailing Address 89 Bishops Ridge Dr

City State Zip Code  
Charlottesville VA 22911-4603

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

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGGDAC1**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Linda Sharpe Seaman**

Mailing Address 1606 Sawgrass Ct

City State Zip Code  
Charlottesville VA 22901-3237

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 11 / 2016**

**Transaction ID : VR0EWGHF709**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Alfred B Strickler Jr.**

Mailing Address 2660 N Farmington Hts

City State Zip Code  
Charlottesville VA 22901-5000

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**675.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 14 / 2016**

**Transaction ID : VR0EWHWJY9**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**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

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

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Christine Tansey**

Mailing Address 220 Hope St

City Bristol State RI Zip Code 02809-2026

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGGD929**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mary Lynn Tate**

Mailing Address 16006 Porterfield Hwy

City Abingdon State VA Zip Code 24210-8470

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

Name of Employer TateLaw PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGHA3Z4**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Margaret F. Van Yahres**

Mailing Address 1700 Chesapeake St

City Charlottesville State VA Zip Code 22902-5807

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGGD9M2**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**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)  
 11a  11b  11c  11d  
 12 13a 13b 14 15  
 PAGE 32 OF 83

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Erika Drescher Viccellio**

Mailing Address 334 Key West Dr

City State Zip Code  
 Charlottesville VA 22911-8426

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

Name of Employer Occupation  
 United Way TJA executive vice president

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2016

**Transaction ID : VR0EWGHFRC7**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mary Walter**

Mailing Address 2111 Morris Rd

City State Zip Code  
 Charlottesville VA 22903-1722

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

Name of Employer Occupation  
 US Government retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2016

**Transaction ID : VR0EWGHBWM0**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Blair K Williamson**

Mailing Address 1230 River Rd  
 PO Box 648

City State Zip Code  
 Charlottesville VA 22901-4101

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

Name of Employer Occupation  
 S. L. Williamson Co., Inc. Road Construction

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 4750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2016

**Transaction ID : VR0EWGCBP06**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**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: PAGE 33 OF 83  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**William A. Wulf**

Mailing Address 3897 Free Union Rd

City State Zip Code  
Charlottesville VA 22901-5613

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

Name of Employer Occupation  
University of VA Professor

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 11 / 2016**

**Transaction ID : VR0EWGHF8F9**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Deborah C Wyatt**

Mailing Address 342 Key West Dr

City State Zip Code  
Charlottesville VA 22911-8426

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

Name of Employer Occupation  
self artist

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGH6207**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Catherine G. Zirkle**

Mailing Address 585 Loblolly Ln

City State Zip Code  
Charlottesville VA 22903-7656

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

Name of Employer Occupation  
Planned Parenthood Development

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : VR0EWGGDAJ9**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**1250.00**

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

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

FOR LINE NUMBER: PAGE 34 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel H. Carey**

Mailing Address 45826 Warwick Dr

City State Zip Code  
Macomb MI 48044-4066

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

Name of Employer self Occupation Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : VR0EWGGDCS7**

Amount of Each Receipt this Period  
50.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4960.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : VR0EWGGDCS7E**

Amount of Each Receipt this Period  
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Jerome Sidney Handler**

Mailing Address 120 Blithe Ct

City State Zip Code  
Charlottesville VA 22901-8923

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

Name of Employer self Occupation Not employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2016

**Transaction ID : VR0EWGGDD11**

Amount of Each Receipt this Period  
500.00

Memo Item

\* Earmarked Contribution: See Below

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 35 OF 83  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016

**Transaction ID : VR0EWGGDD11E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Lloyd T. Smith**

Mailing Address 620 Park St

City Charlottesville State VA Zip Code 22902-4622

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : VR0EWGGDCX9**

Amount of Each Receipt this Period  
500.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
4960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016

**Transaction ID : VR0EWGGDCX9E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

500.00

**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 36 OF 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Rachel Unkefer**

Mailing Address 3105 Edgewater Dr

City Charlottesville State VA Zip Code 22911-7579

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

Name of Employer retired Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

**Transaction ID : VR0EWGJTDB7**

Amount of Each Receipt this Period  
750.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address 14 Arrow St Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
4960.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2016

**Transaction ID : VR0EWGJTDB7E**

Amount of Each Receipt this Period  
750.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Alan L. Wurtzel**

Mailing Address 9193 Blackpond Ln

City Delaplane State VA Zip Code 20144-1900

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

Name of Employer Circuit City Occupation Former CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 03 / 2016

**Transaction ID : VR0EWGGDD44**

Amount of Each Receipt this Period  
2500.00

Memo Item

\* Earmarked Contribution: See Below

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 37 OF 83  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

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

Mailing Address 14 Arrow St  
Ste 11

City Cambridge State MA Zip Code 02138-5106

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary     General  
 Other (specify) Convention

Election Cycle-to-Date  
4960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2016

**Transaction ID : VR0EWGGDD44E**

Amount of Each Receipt this Period  
2500.00

Memo Item

Note: Above Contribution earmarked through this organization.

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

0.00

58650.00

**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 38 OF 83
	<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 Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Fluvanna Democratic Committee**

Mailing Address 758 S Keswick Dr

City State Zip Code  
Troy VA 22974-3862

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VR0EWGJSPJ3**

Amount of Each Receipt this Period

Memo Item

Comprised of permissible funds

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

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

**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 39 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2016
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 195.96
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement On line contribution fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : VQZFMA7JGP7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Automated Office System</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 905 Albemarle St		Amount of Each Disbursement this Period 240.87
City Charlottesville	State VA	
Zip Code 22903-4542	Purpose of Disbursement Copier Rental & Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : VQZFMA7BNY6</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bagby's</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 512 E Main St		Amount of Each Disbursement this Period 28.64
City Charlottesville	State VA	
Zip Code 22902-5336	Purpose of Disbursement Roundtable lunch	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : VQZFMA7JJC3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	465.47
<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 40 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 07 / 2016</b>
Mailing Address <b>PO Box 15019</b>		Amount of Each Disbursement this Period <b>4871.12</b>
City <b>Wilmington</b> State <b>DE</b> Zip Code <b>19886-5019</b>	Purpose of Disbursement <b>Credit Card Statement - See Memo</b>	
Candidate Name	Category/Type <b>001</b>	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7DH66</b>
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Bagby's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 19 / 2016</b>
Mailing Address <b>512 E Main St</b>		Amount of Each Disbursement this Period <b>6.61</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22902-5336</b>	Purpose of Disbursement <b>Lunch</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7EX58</b>
State: _____ District: _____		*

Full Name (Last, First, Middle Initial) <b>c. Bagby's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 01 / 2016</b>
Mailing Address <b>512 E Main St</b>		Amount of Each Disbursement this Period <b>50.12</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22902-5336</b>	Purpose of Disbursement <b>Round Table Lunch</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7J5W1</b>
State: _____ District: _____		*

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4871.12</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 41 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Bagby's</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 512 E Main St		Amount of Each Disbursement this Period 21.48
City Charlottesville	State VA	
Zip Code 22902-5336	Purpose of Disbursement Round Table Lunch	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7EQW7 *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bagby's</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 512 E Main St		Amount of Each Disbursement this Period 50.12
City Charlottesville	State VA	
Zip Code 22902-5336	Purpose of Disbursement Round Table Lunch	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7EQZ1 *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bagby's</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016
Mailing Address 512 E Main St		Amount of Each Disbursement this Period 42.96
City Charlottesville	State VA	
Zip Code 22902-5336	Purpose of Disbursement Round Table Lunch	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7ER17 *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 42 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Bagby's</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 512 E Main St		Amount of Each Disbursement this Period 42.96
City Charlottesville	State VA	
Zip Code 22902-5336	Purpose of Disbursement Round Table Lunch	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7ER33 *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 1615 Emmet St N		Amount of Each Disbursement this Period 1052.99
City Charlottesville	State VA	
Zip Code 22901-2808	Purpose of Disbursement Computer for staff	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7DK78 *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charlottesville Regional Chamber of Commerce</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 209 5th St NE		Amount of Each Disbursement this Period 87.50
City Charlottesville	State VA	
Zip Code 22902-5207	Purpose of Disbursement Event Tickets	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7DJF8 *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 43 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Charlottesville Regional Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2016</b>
Mailing Address <b>209 5th St NE</b>		Amount of Each Disbursement this Period <b>80.00</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22902-5207</b>	Purpose of Disbursement <b>Tickets for Event</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7ER25</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 01 / 2016</b>
Mailing Address <b>1600 Amphitheatre Pkwy</b>		Amount of Each Disbursement this Period <b>69.51</b>
City <b>Mountain View</b> State <b>CA</b> Zip Code <b>94043-1351</b>	Purpose of Disbursement <b>On line app services</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7EQQ8</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NGP Van Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 26 / 2016</b>
Mailing Address <b>1101 15th St NW</b>		Amount of Each Disbursement this Period <b>2700.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20005-5002</b>	Purpose of Disbursement <b>On line Computer System</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7DJT5</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</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 44 OF 83	
	<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 Jane Dittmar**

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

Mailing Address 243 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5043

Purpose of Disbursement Copy Paper

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 01 / 20 / 2016

Amount of Each Disbursement this Period: 22.64

Memo Item

Transaction ID : VQZFMA7DJC4 \*

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

Mailing Address 243 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5043

Purpose of Disbursement Copy paper, toner, supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 01 / 20 / 2016

Amount of Each Disbursement this Period: 94.75

Memo Item

Transaction ID : VQZFMA7DJH4 \*

Full Name (Last, First, Middle Initial)  
**c. Staples**

Mailing Address 243 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5043

Purpose of Disbursement Copies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 02 / 01 / 2016

Amount of Each Disbursement this Period: 3.33

Memo Item

Transaction ID : VQZFMA7ERG5 \*

**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 45 OF 83	
	<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 Jane Dittmar**

**A. The Virginia Shop**

Full Name (Last, First, Middle Initial)  
Mailing Address 201 E Main St

City Charlottesville State VA Zip Code 22902-5254

Purpose of Disbursement Hostess Gift

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 01 / 21 / 2016

Amount of Each Disbursement this Period: 23.58

Memo Item

Transaction ID : VQZFMA7DJR9

**B. The Virginia Shop**

Full Name (Last, First, Middle Initial)  
Mailing Address 201 E Main St

City Charlottesville State VA Zip Code 22902-5254

Purpose of Disbursement Hostess Gift

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 01 / 30 / 2016

Amount of Each Disbursement this Period: 49.30

Memo Item

Transaction ID : VQZFMA7DKA1

**C. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 513 E Main St

City Charlottesville State VA Zip Code 22902-1908

Purpose of Disbursement Mailing - Credit Card Memo

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 01 / 21 / 2016

Amount of Each Disbursement this Period: 13.45

Memo Item

Transaction ID : VQZFMA7DJN5

**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 46 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement
Mailing Address 513 E Main St		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City Charlottesville	State VA	Zip Code 22902-1908
Purpose of Disbursement Fundraising Mailing	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="245.00"/>
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7DK60</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement
Mailing Address 513 E Main St		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2016"/>
City Charlottesville	State VA	Zip Code 22902-1908
Purpose of Disbursement Mailing of Package	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="13.45"/>
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7EQV9</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement
Mailing Address 513 E Main St		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>
City Charlottesville	State VA	Zip Code 22902-1908
Purpose of Disbursement Fundraising mailing	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="62.45"/>
Candidate Name	Category/ Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7ER41</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**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 47 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 07 / 2016</b>
Mailing Address <b>PO Box 15019</b>		Amount of Each Disbursement this Period <b>3427.73</b>
City <b>Wilmington</b> State <b>DE</b> Zip Code <b>19886-5019</b>	Purpose of Disbursement <b>Credit Card Payment - See Memo</b>	
Candidate Name	Category/Type <b>001</b>	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7J050</b>
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Auto Owners Insurance Co.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 14 / 2015</b>
Mailing Address <b>1400 Abbot Rd Ste 320</b>		Amount of Each Disbursement this Period <b>301.00</b>
City <b>East Lansing</b> State <b>MI</b> Zip Code <b>48823-1900</b>	Purpose of Disbursement <b>Liability Insurance</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7J1G7</b> *
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>c. Harvest Moon Catering</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 04 / 2016</b>
Mailing Address <b>946 Grady Ave Ste 11</b>		Amount of Each Disbursement this Period <b>2039.82</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22903-4487</b>	Purpose of Disbursement <b>Meet and Greet</b>	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7J0C5</b> *
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3427.73</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 48 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Sleep Inn &amp; Suites Danville</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2016
Mailing Address 1483 S Boston Rd		Amount of Each Disbursement this Period 82.35
City Danville	State VA Zip Code 24540-5088	
Purpose of Disbursement Hotel	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VQZFMA7J127 *

Full Name (Last, First, Middle Initial) <b>B. Sleep Inn &amp; Suites Danville</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2016
Mailing Address 1483 S Boston Rd		Amount of Each Disbursement this Period 82.35
City Danville	State VA Zip Code 24540-5088	
Purpose of Disbursement Hotel	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VQZFMA7J143 *

Full Name (Last, First, Middle Initial) <b>c. Sleep Inn &amp; Suites Monticello</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address 1185 5th St SW		Amount of Each Disbursement this Period 83.48
City Charlottesville	State VA Zip Code 22902-6466	
Purpose of Disbursement Hotel	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VQZFMA7J1T6 *

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 49 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial)  
**A. Sleep Inn & Suites Monticello**

Mailing Address 1185 5th St SW

City Charlottesville State VA Zip Code 22902-6466

Purpose of Disbursement Hotel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 01 / 07 / 2016

Amount of Each Disbursement this Period: 83.48

Memo Item

Transaction ID : VQZFMA7J0T6 \*

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

Mailing Address 243 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5043

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 12 / 12 / 2015

Amount of Each Disbursement this Period: 40.53

Memo Item

Transaction ID : VQZFMA7J1E2 \*

Full Name (Last, First, Middle Initial)  
**c. Staples**

Mailing Address 243 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5043

Purpose of Disbursement Letters

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 12 / 14 / 2015

Amount of Each Disbursement this Period: 2.43

Memo Item

Transaction ID : VQZFMA7J1J3 \*

**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 50 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 147.40
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Furniture	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J1Q3 *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2015
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 4.13
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J1V4 *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Habitat Store</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 1221 Harris St		Amount of Each Disbursement this Period 13.00
City Charlottesville	State VA	
Zip Code 22903-5319	Purpose of Disbursement Office Furniture	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J1B8 *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 51 OF 83			
	<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 Jane Dittmar**

**A. The Pointe Restaurant**

Full Name (Last, First, Middle Initial)  
Mailing Address 212 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5042

Purpose of Disbursement Campaign Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 12 / 14 / 2015

Amount of Each Disbursement this Period: 18.44

Memo Item

Transaction ID : VQZFMA7J1M9 \*

**B. The Pointe Restaurant**

Full Name (Last, First, Middle Initial)  
Mailing Address 212 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5042

Purpose of Disbursement Financial Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 12 / 15 / 2015

Amount of Each Disbursement this Period: 39.09

Memo Item

Transaction ID : VQZFMA7J1P5 \*

**C. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 513 E Main St

City Charlottesville State VA Zip Code 22902-1908

Purpose of Disbursement Stamps

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 12 / 31 / 2015

Amount of Each Disbursement this Period: 98.00

Memo Item

Transaction ID : VQZFMA7J068 \*

**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 52 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial)  
**A. Bank of America**

Mailing Address PO Box 15019

City Wilmington State DE Zip Code 19886-5019

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 04 / 07 / 2016

Amount of Each Disbursement this Period: 1111.52

Memo Item

Transaction ID : VQZFMA7J2B1

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**B. Charlottesville Parking Center Inc.**

Mailing Address 108 5th St NE  
P.O. Box 262

City Charlottesville State VA Zip Code 22902-5230

Purpose of Disbursement Parking

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 01 / 18 / 2016

Amount of Each Disbursement this Period: 15.00

Memo Item

Transaction ID : VQZFMA7J2T9

Category/Type:

Full Name (Last, First, Middle Initial)  
**c. Grasshopper Group, LLC**

Mailing Address 197 1st Ave  
Ste 200

City Needham State MA Zip Code 02494-2873

Purpose of Disbursement Telecommunications Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 02 / 07 / 2016

Amount of Each Disbursement this Period: 68.35

Memo Item

Transaction ID : VQZFMA7J3D9

Category/Type:

**SUBTOTAL** of Disbursements This Page (optional) ..... 1111.52

**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 53 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Sleep Inn &amp; Suites Danville</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016
Mailing Address 1483 S Boston Rd		Amount of Each Disbursement this Period 164.70
City Danville	State VA Zip Code 24540-5088	
Purpose of Disbursement Hotel	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VQZFMA7J2R3 *

Full Name (Last, First, Middle Initial) <b>B. Sleep Inn &amp; Suites Danville</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016
Mailing Address 1483 S Boston Rd		Amount of Each Disbursement this Period 164.70
City Danville	State VA Zip Code 24540-5088	
Purpose of Disbursement Hotel	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VQZFMA7J2S1 *

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 106.66
City Charlottesville	State VA Zip Code 22903-5043	
Purpose of Disbursement Office Supplies	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : VQZFMA7J2M2 *

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 54 OF 83			
	<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 Jane Dittmar**

**A. The Daily Progress**

Full Name (Last, First, Middle Initial)  
Mailing Address 685 Rio Rd W

City Charlottesville State VA Zip Code 22901-1413

Purpose of Disbursement Newspaper Subscription

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 01 / 20 / 2016

Amount of Each Disbursement this Period: 233.65

Memo Item

Transaction ID : VQZFMA7J2W5

**B. The Pointe Restaurant**

Full Name (Last, First, Middle Initial)  
Mailing Address 212 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5042

Purpose of Disbursement Team Meeting

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 01 / 29 / 2016

Amount of Each Disbursement this Period: 12.48

Memo Item

Transaction ID : VQZFMA7J322

**c. Bank of America**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15019

City Wilmington State DE Zip Code 19886-5019

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 04 / 07 / 2016

Amount of Each Disbursement this Period: 1456.01

Memo Item

Transaction ID : VQZFMA7J3F5

**SUBTOTAL** of Disbursements This Page (optional) ..... 1456.01

**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 55 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2016
Mailing Address 973 Emmet St N		Amount of Each Disbursement this Period 25.50
City Charlottesville	State VA	
Zip Code 22903-4814	Purpose of Disbursement Phone Bill	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J3N2 *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address 973 Emmet St N		Amount of Each Disbursement this Period 25.50
City Charlottesville	State VA	
Zip Code 22903-4814	Purpose of Disbursement Phone Bill	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J417 *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016
Mailing Address 973 Emmet St N		Amount of Each Disbursement this Period 25.50
City Charlottesville	State VA	
Zip Code 22903-4814	Purpose of Disbursement Phone Bill	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J457 *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 56 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Bagby's</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2016
Mailing Address 512 E Main St		Amount of Each Disbursement this Period 28.64
City Charlottesville	State VA	
Zip Code 22902-5336	Purpose of Disbursement Team Meal	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J3P0 *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bagby's</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2016
Mailing Address 512 E Main St		Amount of Each Disbursement this Period 64.44
City Charlottesville	State VA	
Zip Code 22902-5336	Purpose of Disbursement Team Meal	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J3S4 *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bagby's</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 512 E Main St		Amount of Each Disbursement this Period 38.10
City Charlottesville	State VA	
Zip Code 22902-5336	Purpose of Disbursement Team Meal	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J3Y4 *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 57 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Bagby's</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 512 E Main St		Amount of Each Disbursement this Period 28.64
City Charlottesville	State VA	
Zip Code 22902-5336	Purpose of Disbursement Team Meal	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J409 *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bagby's</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016
Mailing Address 512 E Main St		Amount of Each Disbursement this Period 28.64
City Charlottesville	State VA	
Zip Code 22902-5336	Purpose of Disbursement Team Meal	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J449 *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 80.33
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Online Services	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J3Z1 *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 58 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial)  
**A. Sleep Inn & Suites Monticello**

Mailing Address 1185 5th St SW

City Charlottesville State VA Zip Code 22902-6466

Purpose of Disbursement Hotel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 02 / 22 / 2016

Amount of Each Disbursement this Period: 178.06

Memo Item

Transaction ID : VQZFMA7J3Q8 \*

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

Mailing Address 243 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5043

Purpose of Disbursement Furniture

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 02 / 18 / 2016

Amount of Each Disbursement this Period: 134.75

Memo Item

Transaction ID : VQZFMA7J3G3 \*

Full Name (Last, First, Middle Initial)  
**c. Staples**

Mailing Address 243 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5043

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 02 / 18 / 2016

Amount of Each Disbursement this Period: 1.66

Memo Item

Transaction ID : VQZFMA7J3H1 \*

**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 59 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 255.66
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Furniture	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J3K7 *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 12.46
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J3T2 *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 42.45
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J3V0 *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 60 OF 83			
	<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 Jane Dittmar**

**A. Staples**

Full Name (Last, First, Middle Initial)  
Mailing Address 243 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5043

Purpose of Disbursement Furniture

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 02 / 26 / 2016

Amount of Each Disbursement this Period: 170.73

Memo Item

Transaction ID : VQZFMA7J3W8 \*

**B. Staples**

Full Name (Last, First, Middle Initial)  
Mailing Address 243 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5043

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 03 / 05 / 2016

Amount of Each Disbursement this Period: 3.61

Memo Item

Transaction ID : VQZFMA7J425 \*

**c. The Virginia Shop**

Full Name (Last, First, Middle Initial)  
Mailing Address 201 E Main St

City Charlottesville State VA Zip Code 22902-5254

Purpose of Disbursement Host Appreciation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 02 / 18 / 2016

Amount of Each Disbursement this Period: 29.71

Memo Item

Transaction ID : VQZFMA7J3J9 \*

**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 61 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. The Virginia Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2016
Mailing Address 201 E Main St		Amount of Each Disbursement this Period 46.67
City Charlottesville	State VA	
Zip Code 22902-5254	Purpose of Disbursement Host Appreciation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZFMA7J433</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 513 E Main St		Amount of Each Disbursement this Period 196.00
City Charlottesville	State VA	
Zip Code 22902-1908	Purpose of Disbursement Stamps	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZFMA7J3R6</b> *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address PO Box 15019		Amount of Each Disbursement this Period 500.99
City Wilmington	State DE	
Zip Code 19886-5019	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : VQZFMA7J465</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.99
<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 62 OF 83	
	<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 Jane Dittmar**

**A. Charlottesville Parking Center Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 108 5th St NE  
P.O. Box 262

City Charlottesville State VA Zip Code 22902-5230

Purpose of Disbursement Parking

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 03 / 04 / 2016

Amount of Each Disbursement this Period: 15.00

Memo Item

Transaction ID : VQZFMA7J526 \*

**B. Charlottesville Parking Center Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 108 5th St NE  
P.O. Box 262

City Charlottesville State VA Zip Code 22902-5230

Purpose of Disbursement Parking

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 03 / 04 / 2016

Amount of Each Disbursement this Period: 30.00

Memo Item

Transaction ID : VQZFMA7J534 \*

**C. Charlottesville Parking Center Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 108 5th St NE  
P.O. Box 262

City Charlottesville State VA Zip Code 22902-5230

Purpose of Disbursement Parking

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 03 / 04 / 2016

Amount of Each Disbursement this Period: 30.00

Memo Item

Transaction ID : VQZFMA7J550 \*

**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 63 OF 83	
	<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 Jane Dittmar**

**A. Charlottesville Parking Center Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 108 5th St NE  
P.O. Box 262

City Charlottesville State VA Zip Code 22902-5230

Purpose of Disbursement Parking

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 03 / 04 / 2016

Amount of Each Disbursement this Period: 30.00

Memo Item

Transaction ID : VQZFMA7J568 \*

**B. Grasshopper Group, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 197 1st Ave  
Ste 200

City Needham State MA Zip Code 02494-2873

Purpose of Disbursement Telecommunications Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 03 / 07 / 2016

Amount of Each Disbursement this Period: 68.35

Memo Item

Transaction ID : VQZFMA7J5B7 \*

**C. Staples**

Full Name (Last, First, Middle Initial)  
Mailing Address 243 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5043

Purpose of Disbursement Binders

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 02 / 21 / 2016

Amount of Each Disbursement this Period: 25.05

Memo Item

Transaction ID : VQZFMA7J4A6 \*

**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 64 OF 83			
	<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 Jane Dittmar**

**A. Staples**

Full Name (Last, First, Middle Initial)  
Mailing Address 243 Ridge McIntire Rd

City Charlottesville State VA Zip Code 22903-5043

Purpose of Disbursement Letters

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 02 / 21 / 2016

Amount of Each Disbursement this Period: 13.78

Memo Item

Transaction ID : VQZFMA7J4B4 \*

**B. U.S. Cellular**

Full Name (Last, First, Middle Initial)  
Mailing Address Dept 205

City Palatine State IL Zip Code 60055-0001

Purpose of Disbursement Cell Phone Bill

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 02 / 20 / 2016

Amount of Each Disbursement this Period: 141.54

Memo Item

Transaction ID : VQZFMA7J498 \*

**C. Bank of America**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15019

City Wilmington State DE Zip Code 19886-5019

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 04 / 07 / 2016

Amount of Each Disbursement this Period: 3038.20

Memo Item

Transaction ID : VQZFMA7J6H7

**SUBTOTAL** of Disbursements This Page (optional) ..... 3038.20

**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 65 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 1615 Emmet St N		Amount of Each Disbursement this Period 31.57
City Charlottesville	State VA	
Zip Code 22901-2808	Purpose of Disbursement Computer Cables	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J6K3
State: District:		*

Full Name (Last, First, Middle Initial) <b>B. Dell Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 1 Dell Way Mail Stop 8129		Amount of Each Disbursement this Period 2151.35
City Round Rock	State TX	
Zip Code 78682-7000	Purpose of Disbursement Computers	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J7R3
State: District:		*

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 51.12
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Online Services	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J6V6
State: District:		*

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 66 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 100.28
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7J822</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 11.88
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7J6Z8</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 212.93
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Office Equipment	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7J763</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 67 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 17.14
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Envelopes and Labels	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J7G0
State: District:		*

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 16.10
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J7K4
State: District:		*

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 28.90
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J7P8
State: District:		*

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 68 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 39.98
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Computer Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7J7W5</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Habitat Store</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2016
Mailing Address 1221 Harris St		Amount of Each Disbursement this Period 51.60
City Charlottesville	State VA	
Zip Code 22903-5319	Purpose of Disbursement Host Appreciation	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7J7Z9</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address PO Box 15019		Amount of Each Disbursement this Period 2343.88
City Wilmington	State DE	
Zip Code 19886-5019	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7J8B3</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2343.88
<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 69 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Bagby's</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 512 E Main St		Amount of Each Disbursement this Period 7.71
City Charlottesville	State VA	
Zip Code 22902-5336	Purpose of Disbursement Team Meal	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J8C1
State: District:		*

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 1615 Emmet St N		Amount of Each Disbursement this Period 105.29
City Charlottesville	State VA	
Zip Code 22901-2808	Purpose of Disbursement Router	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J9R9
State: District:		*

Full Name (Last, First, Middle Initial) <b>c. Dell Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 1 Dell Way Mail Stop 8129		Amount of Each Disbursement this Period 105.29
City Round Rock	State TX	
Zip Code 78682-7000	Purpose of Disbursement Printer	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7J9S9
State: District:		*

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 70 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. R.L. Rasmus</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address P.O. Box 22310		Amount of Each Disbursement this Period 1115.38
City Alexandria	State VA	
Zip Code 22310	Purpose of Disbursement Furniture	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7J9H4</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 86.05
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7J9Q1</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2015
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 4.20
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7J9X8</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 71 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. The Habitat Store</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 1221 Harris St		Amount of Each Disbursement this Period 324.32
City Charlottesville	State VA	
Zip Code 22903-5319	Purpose of Disbursement Furniture	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZFMA7J9T5</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	*
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Pointe Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 212 Ridge McIntire Rd		Amount of Each Disbursement this Period 141.43
City Charlottesville	State VA	
Zip Code 22903-5042	Purpose of Disbursement Campaign Meet and Greet	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZFMA7J967</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	*
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 513 E Main St		Amount of Each Disbursement this Period 245.00
City Charlottesville	State VA	
Zip Code 22902-1908	Purpose of Disbursement Stamps	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZFMA7J9V3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	*
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 72 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Kristin Breen</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 2050 Brownstone Ln		Amount of Each Disbursement this Period 19.68
City Charlottesville	State VA	
Zip Code 22901-6209	Purpose of Disbursement Cleaning Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : VQZFMA7BNV4</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Costco</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 3171 District Ave		Amount of Each Disbursement this Period 19.68
City Charlottesville	State VA	
Zip Code 22901-2784	Purpose of Disbursement Cleaning Supplies for Office	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZFMA7BNX8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	*
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Nancy Carver</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2016
Mailing Address 2304 Dellmead Ln Apt A		Amount of Each Disbursement this Period 50.00
City Charlottesville	State VA	
Zip Code 22901-2602	Purpose of Disbursement Administrative Support	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : VQZFMA7JBF1</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	69.68
<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 73 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Charlottesville Parking Center Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 108 5th St NE P.O. Box 262		Amount of Each Disbursement this Period 90.00
City Charlottesville	State VA Zip Code 22902-5230	
Purpose of Disbursement Parking Stamp - Volunteers	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZFMA7BNQ2</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) <b>B. Dept of Finance - Utility Billing Office</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address PO Box 911		Amount of Each Disbursement this Period 340.06
City Charlottesville	State VA Zip Code 22902-0911	
Purpose of Disbursement Gas Bill	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZFMA7BNT6</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) <b>C. Michael McShane</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 1425 Darby Row		Amount of Each Disbursement this Period 153.86
City Keswick	State VA Zip Code 22947-2734	
Purpose of Disbursement Mileage Reimbursement	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZFMA7BNZ4</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	583.92
<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 74 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Organize Virginia LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2016</b>
Mailing Address <b>231 Ponderosa Dr</b>		Amount of Each Disbursement this Period <b>2250.00</b>
City <b>Ringgold</b> State <b>VA</b> Zip Code <b>24586-4327</b>	Purpose of Disbursement <b>Payroll - Field Director</b> Category/Type <b>001</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7JBP7</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Organize Virginia LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>
Mailing Address <b>231 Ponderosa Dr</b>		Amount of Each Disbursement this Period <b>2250.00</b>
City <b>Ringgold</b> State <b>VA</b> Zip Code <b>24586-4327</b>	Purpose of Disbursement <b>Payroll - Field Director</b> Category/Type <b>001</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7JBZ8</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 11 / 2016</b>
Mailing Address <b>3960 Stillman Pkwy</b>		Amount of Each Disbursement this Period <b>3.00</b>
City <b>Glen Allen</b> State <b>VA</b> Zip Code <b>23060-4197</b>	Purpose of Disbursement <b>Payroll Processing Fees</b> Category/Type <b>001</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7MEB3</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4503.00</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 75 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Sage Payment Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 12120 Sunset Hills Rd Ste 500		Amount of Each Disbursement this Period 655.10
City Reston	State VA Zip Code 20190-5858	
Purpose of Disbursement On line merchant fees	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZFMA7JBM1</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) <b>B. Joel Schechtman</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 102 Overlook CVille		Amount of Each Disbursement this Period 2000.00
City Charlottesville	State VA Zip Code 22903	
Purpose of Disbursement Payroll - Deputy Campaign Manager	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZFMA7JBN9</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) <b>C. Joel Schechtman</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 102 Overlook CVille		Amount of Each Disbursement this Period 2000.00
City Charlottesville	State VA Zip Code 22903	
Purpose of Disbursement Payroll - Deputy Campaign Manager	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZFMA7JBY0</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4655.10
<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 76 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 1.55
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	<b>Transaction ID : VQZFMA7JJN4</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016
Mailing Address 243 Ridge McIntire Rd		Amount of Each Disbursement this Period 84.24
City Charlottesville	State VA	
Zip Code 22903-5043	Purpose of Disbursement Paper, toner, printing	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	<b>Transaction ID : VQZFMA7JH47</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Virginia Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 201 E Main St		Amount of Each Disbursement this Period 23.36
City Charlottesville	State VA	
Zip Code 22902-5254	Purpose of Disbursement Hostess Gift	<input type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	<b>Transaction ID : VQZFMA7JJY6</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	109.15
<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 77 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. The Virginia Shop</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 11 / 2016</b>
Mailing Address <b>201 E Main St</b>		Amount of Each Disbursement this Period <b>23.36</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22902-5254</b>	Purpose of Disbursement <b>Hostess Gift</b> <input type="checkbox"/> Memo Item	
Candidate Name	Category/Type <b>001</b>	Transaction ID : <b>VQZFMA7JJH3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 04 / 2016</b>
Mailing Address <b>513 E Main St</b>		Amount of Each Disbursement this Period <b>4.43</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22902-1908</b>	Purpose of Disbursement <b>Postage</b> <input type="checkbox"/> Memo Item	
Candidate Name	Category/Type <b>001</b>	Transaction ID : <b>VQZFMA7JJZ3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2016</b>
Mailing Address <b>123 E Main St</b>		Amount of Each Disbursement this Period <b>30.37</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22902-5223</b>	Purpose of Disbursement <b>Payroll Processing Fees</b> <input type="checkbox"/> Memo Item	
Candidate Name	Category/Type <b>001</b>	Transaction ID : <b>VQZFMA7JGQ5</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>58.16</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 78 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial)  
**A. Wells Fargo Bank**

Mailing Address 123 E Main St

City Charlottesville State VA Zip Code 22902-5223

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 04 / 01 / 2016

Amount of Each Disbursement this Period: 437.67

Memo Item

Transaction ID : VQZFMA7ME80

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**B. Wells Fargo Bank**

Mailing Address 123 E Main St

City Charlottesville State VA Zip Code 22902-5223

Purpose of Disbursement Payroll - See Memo

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 04 / 01 / 2016

Amount of Each Disbursement this Period: 4891.25

Memo Item

Transaction ID : VQZFMA7MS17

Category/Type:

Full Name (Last, First, Middle Initial)  
**c. Marwa Abdelaziz**

Mailing Address 1534 Virginia Ave  
Unit A

City Charlottesville State VA Zip Code 22903-2602

Purpose of Disbursement Research Fellow - Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 04 / 01 / 2016

Amount of Each Disbursement this Period: 600.00

Memo Item

Transaction ID : VQZFMA7MS83

Category/Type:

**SUBTOTAL** of Disbursements This Page (optional)..... 5328.92

**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 79 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Kristin Breen</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 2050 Brownstone Ln		Amount of Each Disbursement this Period 1316.25
City Charlottesville	State VA	
Zip Code 22901-6209	Purpose of Disbursement Volunteer Co-ordinator Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7MS41
State: District:		*

Full Name (Last, First, Middle Initial) <b>B. Genevieve Cox</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 120 Hessian Hills Rdg Apt 4		Amount of Each Disbursement this Period 1625.00
City Charlottesville	State VA	
Zip Code 22901-2538	Purpose of Disbursement Communications Director Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7MS59
State: District:		*

Full Name (Last, First, Middle Initial) <b>c. Robert Grier</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 111 Tyler Ter		Amount of Each Disbursement this Period 1350.00
City Forest	State VA	
Zip Code 24551-1205	Purpose of Disbursement Finance Director Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Transaction ID : VQZFMA7MS25
State: District:		*

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 80 OF 83	
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 08 / 2016</b>
Mailing Address <b>123 E Main St</b>		Amount of Each Disbursement this Period <b>3.00</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22902-5223</b>	Purpose of Disbursement <b>Bank Charge</b> <input type="checkbox"/> Memo Item	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : VQZFMA8A144</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>
Mailing Address <b>123 E Main St</b>		Amount of Each Disbursement this Period <b>414.50</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22902-5223</b>	Purpose of Disbursement <b>Payroll Taxes</b> <input type="checkbox"/> Memo Item	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : VQZFMA7ME98</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>
Mailing Address <b>123 E Main St</b>		Amount of Each Disbursement this Period <b>112.57</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22902-5223</b>	Purpose of Disbursement <b>Payroll Processing Fees</b> <input type="checkbox"/> Memo Item	
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : VQZFMA7MEA6</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>530.07</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 81 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>
Mailing Address <b>123 E Main St</b>		Amount of Each Disbursement this Period <b>30.37</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22902-5223</b>	Purpose of Disbursement <b>Payroll Processing Fees</b> Category/Type <b>001</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7MEC1</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>
Mailing Address <b>123 E Main St</b>		Amount of Each Disbursement this Period <b>4449.17</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22902-5223</b>	Purpose of Disbursement <b>Payroll - See Memo</b> Category/Type <b>001</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7MSA8</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Marwa Abdelaziz</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2016</b>
Mailing Address <b>1534 Virginia Ave Unit A</b>		Amount of Each Disbursement this Period <b>600.00</b>
City <b>Charlottesville</b> State <b>VA</b> Zip Code <b>22903-2602</b>	Purpose of Disbursement <b>Research Fellow - Payroll</b> Category/Type	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	<b>Transaction ID : VQZFMA7MSB6</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4479.54</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 82 OF 83			
	<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 Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Kristin Breen</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 2050 Brownstone Ln		Amount of Each Disbursement this Period 870.00
City Charlottesville	State VA	
Zip Code 22901-6209	Purpose of Disbursement Volunteer Co-ordinator Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7MSC4</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert Grier</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 111 Tyler Ter		Amount of Each Disbursement this Period 1354.17
City Forest	State VA	
Zip Code 24551-1205	Purpose of Disbursement Finance Director - Payroll	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	<b>Transaction ID : VQZFMA7MSE0</b> *
State: District:		

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	<input type="checkbox"/> Memo Item
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>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	37532.46

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

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Friends of Jane Dittmar**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Jane D Dittmar**

Mailing Address PO Box 277

City State Zip Code  
 Charlottesville VA 22902-0277

Nature of Debt (Purpose):  
 Personal loan to campaign

Transaction ID : VQXH49H9840

Outstanding Balance Beginning This Period		
9901.37		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	9901.37

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	9901.37
2) <b>TOTALS</b> This Period (last page this line number only) .....	9901.37
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	9901.37