



**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))....	77660.00	77660.00
(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)).....	77660.00	77660.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	10963.47	10963.47
(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)).....	10963.47	10963.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	66696.53	
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:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	73950.00	73950.00
(ii) Unitemized.....	1010.00	1010.00
(iii) TOTAL of contributions from individuals ▶	74960.00	74960.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	2700.00	2700.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	77660.00	77660.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	77660.00	77660.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10963.47	10963.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	10963.47	10963.47

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	77660.00
25. SUBTOTAL (add Line 23 and Line 24).....	77660.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10963.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	66696.53

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A

Transaction ID :

The original amended report file Jan 19, 2016 was not recognized as an amended report due to an accountant error.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A. Dorothy Batten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1203 Hilltop Rd  
 City Charlottesville State VA Zip Code 22903-1222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation 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  
 09 / 29 / 2015  
**Transaction ID : VR0EWCE5JM4**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item

**B. Melanie Bias**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 156 Wentworth St  
 City Charleston State SC Zip Code 29401-1732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wisdom Oak Winery Occupation Owner  
 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  
 09 / 30 / 2015  
**Transaction ID : VR0EWCE5JK6**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item

**C. Michael D Bills**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 Broomley Rd  
 City Charlottesville State VA Zip Code 22901-7821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bluestem Asset Management LLC Occupation President  
 Receipt For: 2016  
 Primary  General  
 Other (specify) Convention  
 Election Cycle-to-Date  
 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015  
**Transaction ID : VR0EWCGHY33**  
 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).....

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<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. Michael D Bills**  
Full Name (Last, First, Middle Initial)  
Mailing Address 815 Broomley Rd

City Charlottesville	State VA	Zip Code 22901-7821
-------------------------	-------------	------------------------

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

Name of Employer Bluestem Asset Management LLC	Occupation President
---	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
09 / 17 / 2015

**Transaction ID : VR0EWCGHY41**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B. Kelli Sutton Block**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1400 Blue Ridge Rd

City Charlottesville	State VA	Zip Code 22903-1212
-------------------------	-------------	------------------------

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

Name of Employer Self	Occupation Clinical Social Worker
--------------------------	--------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2700.00

Date of Receipt  
09 / 30 / 2015

**Transaction ID : VR0EWCE5JJ8**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C. Jennifer J. Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 511 1st St N # 501

City Charlottesville	State VA	Zip Code 22902-4612
-------------------------	-------------	------------------------

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  
09 / 17 / 2015

**Transaction ID : VR0EWCC6D41**

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).....

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 8 OF 27  
(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)  
**Wendy Buck Brown**

Mailing Address 1505 Dairy Rd

City Charlottesville State VA Zip Code 22903-1303

FEC ID number of contributing federal political committee.

Name of Employer self employed Occupation consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VR0EWCE5J22**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 47322 Sunnybrook Ln

City Novi State MI Zip Code 48374-3644

FEC ID number of contributing federal political committee.

Name of Employer Saint Joseph Medical System Occupation Medical Technologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VR0EWCGHZ18**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 47322 Sunnybrook Ln

City Novi State MI Zip Code 48374-3644

FEC ID number of contributing federal political committee.

Name of Employer Saint Joseph Medical System Occupation Medical Technologist

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : VR0EWCGHZ26**

Amount of Each Receipt this Period

Memo Item

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

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

**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 27  
(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)  
**John L Carey**

Mailing Address 47322 Sunnybrook Ln

City State Zip Code  
Novi MI 48374-3644

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

Name of Employer Occupation  
Henry Ford Hospital Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)    Convention

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2015**

**Transaction ID : VR0EWCGHYX8**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

Mailing Address 47322 Sunnybrook Ln

City State Zip Code  
Novi MI 48374-3644

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

Name of Employer Occupation  
Henry Ford Hospital Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2015**

**Transaction ID : VR0EWCGHYY6**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

Mailing Address 2580 Palmer Drive

City State Zip Code  
Charlottesville VA 22902

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  
**09 / 30 / 2015**

**Transaction ID : VR0EWCE5JE7**

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).....

**8100.00**

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

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

FOR LINE NUMBER: PAGE 10 OF 27  
(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)  
**Catherine Jones Clossin**

Mailing Address 4064 Watts Psge

City State Zip Code  
Charlottesville VA 22911-5904

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : VR0EWCE5J55**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 104 W High St

City State Zip Code  
Charlottesville VA 22902-5019

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

Name of Employer Occupation  
UVA School of Law Attorney

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  
 09 / 24 / 2015

**Transaction ID : VR0EWCE5J71**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** 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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : VR0EWCE5JH0**

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).....

2500.00

**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 27
	<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)  
**Christine 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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : VR0EWCGJ0Z8**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address PO Box 7182

City Arlington State VA Zip Code 22207-0182

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  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2015

**Transaction ID : VR0EWCE5J97**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John R Grisham Jr.**

Mailing Address PO Box 270

City North Garden State VA Zip Code 22959-0270

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

Name of Employer self Occupation author

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : VR0EWCGJ0R2**

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).....

5900.00

**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 27  
(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)  
**John R Grisham Jr.**

Mailing Address **PO Box 270**

City **North Garden** State **VA** Zip Code **22959-0270**

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

Name of Employer self Occupation **author**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2015**

**Transaction ID : VR0EWCGJ0S0**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

Mailing Address **PO Box 270**

City **North Garden** State **VA** Zip Code **22959-0270**

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

Name of Employer Homemaker Occupation **Homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2015**

**Transaction ID : VR0EWCGJ0T8**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

Mailing Address **PO Box 270**

City **North Garden** State **VA** Zip Code **22959-0270**

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

Name of Employer Homemaker Occupation **Homemaker**

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

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2015**

**Transaction ID : VR0EWCGJ0V6**

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).....

**8100.00**

**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 27
	<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)  
**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  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2015**

**Transaction ID : VR0EWCGJ0Q4**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address **PO Box 4454**

City **Charlottesville** State **VA** Zip Code **22905-4454**

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

Name of Employer **Professor of Commerce, UVA** Occupation **Professor**

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  
**09 / 30 / 2015**

**Transaction ID : VR0EWCGJ163**

Amount of Each Receipt this Period  
**2000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Sherry P. Kraft Ph.D.**

Mailing Address **410 2nd St NE**

City **Charlottesville** State **VA** Zip Code **22902-4626**

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

Name of Employer **Self-employed** Occupation **Psychologist**

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  
**09 / 29 / 2015**

**Transaction ID : VR0EWCE5JR6**

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).....

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<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)  
**Russell M Linden**

Mailing Address 336 Parkway St

City Charlottesville State VA Zip Code 22902-4631

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

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1500.00

Date of Receipt  
09 / 25 / 2015

**Transaction ID : VR0EWCE5J63**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

Mailing Address 300 Jaslie Dr

City Cary State NC Zip Code 27518-9175

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

Name of Employer North American Partners in Anesthesia Occupation CFO

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
09 / 17 / 2015

**Transaction ID : VR0EWCGJ0C8**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**B. Wistar Morris III**

Mailing Address 390 Broad Axe Rd

City Charlottesville State VA Zip Code 22903-7400

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

Name of Employer Signature Family Wealth Advisors Occupation financial advisor

Receipt For: 2016  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2700.00

Date of Receipt  
09 / 26 / 2015

**Transaction ID : VR0EWCGCY67**

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).....

4700.00

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

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

FOR LINE NUMBER: PAGE 15 OF 27  
(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)  
**James B Murray Jr.**

Mailing Address 455 2nd St SE

City State Zip Code  
Charlottesville VA 22902-5793

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

Name of Employer Occupation  
Court Square Ventures Investor

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  
 09 / 26 / 2015

**Transaction ID : VR0EWCGCY33**

Amount of Each Receipt this Period  
 2700.00

Memo Item

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

Mailing Address 1058 Blackburn Blf

City State Zip Code  
Charlottesville VA 22901-0608

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

Name of Employer Occupation  
Crossroads Land & Dev LLC Attorney

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  
 09 / 29 / 2015

**Transaction ID : VR0EWCGJ0X2**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 3767 Pritchett Ln

City State Zip Code  
Charlottesville VA 22911-5916

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : VR0EWCE5JB3**

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).....

4700.00

**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 27
	<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)  
**Linda Gillooly Perriello**

Mailing Address 415 Grassmere Rd

City Charlottesville State VA Zip Code 22903-9211

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  
 09 / 29 / 2015

**Transaction ID : VR0EWCGHXT2**

Amount of Each Receipt this Period  
1250.00

Memo Item

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

Mailing Address 1900 River Inn Ln

City Charlottesville State VA Zip Code 22901-6203

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

Name of Employer Uva Law Professor Occupation 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  
 09 / 30 / 2015

**Transaction ID : VR0EWCGJ121**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 2652 Jefferson Park Cir

City Charlottesville State VA Zip Code 22903-4134

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

Name of Employer City of Charlottesville Occupation City Councilor

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  
 09 / 17 / 2015

**Transaction ID : VR0EWCGHY25**

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).....

2000.00

**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 27  
(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)  
**Sylvia Sonjia Smith**  
 Mailing Address 815 Broomley Rd  
 City State Zip Code  
 Charlottesville VA 22901-7821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Community Activist  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 17 2015  
**Transaction ID : VR0EWCGHYM7**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Sylvia Sonjia Smith**  
 Mailing Address 815 Broomley Rd  
 City State Zip Code  
 Charlottesville VA 22901-7821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Community Activist  
 Receipt For: 2016  
 Primary  General  
 Other (specify) Convention  
 Election Cycle-to-Date  
 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 17 2015  
**Transaction ID : VR0EWCGHYN5**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**John Lloyd Snook III**  
 Mailing Address 2408 Hillwood Pl  
 City State Zip Code  
 Charlottesville VA 22901-2921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Snook & Haughey, P.C. Attorney  
 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  
 09 26 2015  
**Transaction ID : VR0EWCGCY41**  
 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).....

6400.00

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

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

FOR LINE NUMBER: PAGE 18 OF 27  
(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)  
**Frank J Squillace**

Mailing Address **PO Box 277**

City **Charlottesville** State **VA** Zip Code **22902-0277**

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

Name of Employer **Charlottesville Regional Chamber of Co** Occupation **Vice President**

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  
**09 / 29 / 2015**

**Transaction ID : VR0EWCGJ0G9**

Amount of Each Receipt this Period  
**2700.00**

Memo Item

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

Mailing Address **731 Locust Ave  
PO Box 648**

City **Charlottesville** State **VA** Zip Code **22902-4912**

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

Name of Employer **S. L. Williamson Co Inc** Occupation **President**

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  
**09 / 22 / 2015**

**Transaction ID : VR0EWCE5JC1**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

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

Mailing Address **731 Locust Ave**

City **Charlottesville** State **VA** Zip Code **22902-4912**

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  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2015**

**Transaction ID : VR0EWCE5JP0**

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).....

**7900.00**

**73950.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 27	
	<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 09 / 30 / 2015
Mailing Address 14 Arrow St Ste 11		Amount of Each Disbursement this Period 1023.47
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Online transaction fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : VQZFMA08FE8</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. Genevieve Cox</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 120 Hessian Hills Rdg Apt 4		Amount of Each Disbursement this Period 250.00
City Charlottesville	State VA	
Zip Code 22901-2538	Purpose of Disbursement Website video	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 004	<b>Transaction ID : VQZFMA08F73</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>c. Genevieve Cox</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 120 Hessian Hills Rdg Apt 4		Amount of Each Disbursement this Period 450.00
City Charlottesville	State VA	
Zip Code 22901-2538	Purpose of Disbursement Logo Design	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 004	<b>Transaction ID : VQZFMA08F99</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1723.47
<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 21 OF 27	
	<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. Genevieve Cox</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2015
Mailing Address 120 Hessian Hills Rd Apt 4		Amount of Each Disbursement this Period 300.00
City Charlottesville	State VA	
Zip Code 22901-2538	Purpose of Disbursement Website video	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 004	<b>Transaction ID : VQZFMA08F81</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. Jeremy Globe</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 1414 Monticello Rd		Amount of Each Disbursement this Period 350.00
City Charlottesville	State VA	
Zip Code 22902-6224	Purpose of Disbursement Research Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : VQZFMA08FF6</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>c. Jeremy Globe</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2015
Mailing Address 1414 Monticello Rd		Amount of Each Disbursement this Period 150.00
City Charlottesville	State VA	
Zip Code 22902-6224	Purpose of Disbursement Research Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : VQZFMA08FG4</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<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 22 OF 27	
	<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. Lifeview Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 401 E Market St # 14		Amount of Each Disbursement this Period 600.00
City Charlottesville	State VA Zip Code 22902-5264	
Purpose of Disbursement Website video	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZFMA08FC3</b>
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. Melody Robbins Photography</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address PO Box 822		Amount of Each Disbursement this Period 375.00
City Earlysville	State VA Zip Code 22936-0822	
Purpose of Disbursement Photography	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZFMA08FB5</b>
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>C. Erin Monaghan</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 213 Huntley Ave		Amount of Each Disbursement this Period 70.00
City Charlottesville	State VA Zip Code 22903-2989	
Purpose of Disbursement Event marketing	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : VQZFMA08ET0</b>
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1045.00
<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 23 OF 27			
	<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. Erin Monaghan</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015		
Mailing Address 213 Huntley Ave			Amount of Each Disbursement this Period 1000.00		
City Charlottesville	State VA	Zip Code 22903-2989	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Political Consulting		Category/ Type 001			
Candidate Name			Transaction ID : VQZFMA08EW6		
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. Erin Monaghan</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015		
Mailing Address 213 Huntley Ave			Amount of Each Disbursement this Period 38.78		
City Charlottesville	State VA	Zip Code 22903-2989	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Gas		Category/ Type 002			
Candidate Name			Transaction ID : VQZFMA08EX4		
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>c. Erin Monaghan</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015		
Mailing Address 213 Huntley Ave			Amount of Each Disbursement this Period 75.81		
City Charlottesville	State VA	Zip Code 22903-2989	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Marketing		Category/ Type 004			
Candidate Name			Transaction ID : VQZFMA08F08		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1114.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 27			
	<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. Erin Monaghan</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015		
Mailing Address 213 Huntley Ave			Amount of Each Disbursement this Period 1000.00		
City Charlottesville	State VA	Zip Code 22903-2989	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Political Consulting		Category/ Type 001			
Candidate Name			Transaction ID : VQZFMA08F16		
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. Erin Monaghan</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015		
Mailing Address 213 Huntley Ave			Amount of Each Disbursement this Period 200.00		
City Charlottesville	State VA	Zip Code 22903-2989	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Marketing		Category/ Type 004			
Candidate Name			Transaction ID : VQZFMA08F24		
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>c. Erin Monaghan</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015		
Mailing Address 213 Huntley Ave			Amount of Each Disbursement this Period 1000.00		
City Charlottesville	State VA	Zip Code 22903-2989	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Political Consulting		Category/ Type 001			
Candidate Name			Transaction ID : VQZFMA08FP2		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 27	
	<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. Erin Monaghan</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 213 Huntley Ave		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Charlottesville	State VA	
Zip Code 22903-2989	Purpose of Disbursement Political Consulting	Transaction ID : VQZFMA08F31
Candidate Name	001 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	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Erin Monaghan</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 213 Huntley Ave		Amount of Each Disbursement this Period 58.78 <input type="checkbox"/> Memo Item
City Charlottesville	State VA	
Zip Code 22903-2989	Purpose of Disbursement Marketing	Transaction ID : VQZFMA08F49
Candidate Name	004 Category/ Type	
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>c. Erin Monaghan</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 213 Huntley Ave		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Charlottesville	State VA	
Zip Code 22903-2989	Purpose of Disbursement Political Consulting	Transaction ID : VQZFMA08ES2
Candidate Name	001 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	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2058.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 27			
	<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. Joel Schechtman</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015		
Mailing Address 102 Overlook Dr			Amount of Each Disbursement this Period 500.00		
City Charlottesville	State VA	Zip Code 22903-9604	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Logistics Consulting		Category/ Type 001	Transaction ID : VQZFMA08F57		
Candidate Name					
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. Joel Schechtman</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2015		
Mailing Address 102 Overlook Dr			Amount of Each Disbursement this Period 1000.00		
City Charlottesville	State VA	Zip Code 22903-9604	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Logistics Consulting		Category/ Type 001	Transaction ID : VQZFMA08F65		
Candidate Name					
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>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	Memo Item <input type="checkbox"/>		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	10441.84

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

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 27
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Friends of Jane Dittmar**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jane D Dittmar</b>	Nature of Debt (Purpose): Personal loan to campaign
Mailing Address PO Box 277	
City State Zip Code Charlottesville VA 22902-0277	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : VQXH49H9840</b>	
Amount Incurred This Period 9901.37	Payment This Period 0.00	Outstanding Balance at Close of This Period 9901.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

1) <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