

15 FEB -3 PM 3:37

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Friends of Hillary

ADDRESS (number and street) 1900 M Street NW

Suite 500

Check if different than previously reported. (ACC)

Washington DC 20036

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE STATE DISTRICT

C C00358895

3. IS THIS REPORT NEW OR AMENDED

NY

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
X 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 10/01/2014 through 12/31/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Shelly R Moskwa

Signature of Treasurer Shelly R Moskwa

Handwritten signature of Shelly R Moskwa

Date 01/31/2015

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

15020082011

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Hillary

Report Covering the Period: From:

M M / D D Y Y
10 01 2014

To:

M M / D D Y Y
12 31 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))...	0.00	463524.30
(b) Total Contribution Refunds (from Line 20(d))...	0.00	264483.14
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	0.00	199041.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)...	11607.30	11980578.94
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	148263.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	11607.30	11832315.53
8. Cash on Hand at Close of Reporting Period (from Line 27)...	158033.07	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	

For further information contact:

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

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

15020082012

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 20

Write or Type Committee Name

Friends of Hillary

Report Covering the Period: From: ^{M M / D D} 10 01 ^{Y Y} 2014 To: ^{M M / D D / Y Y Y} 12 31 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	0.00	240605.16
(ii) Unitemized	0.00	164619.14
(iii) TOTAL of contributions from individuals ..	0.00	405224.30
(b) Political Party Committees...	0.00	5100.00
(c) Other Political Committees (such as PACs)...	0.00	53200.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	463524.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	6569012.38
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	148263.41
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	12979.08	886304.72
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...		
	12979.08	8067104.81

15020082013

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	11607.30	11980578.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...	0.00	10000000.00
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	249583.14
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	0.00	14900.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	264483.14
21. OTHER DISBURSEMENTS	0.00	160500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11607.30	22405562.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	156661.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	12979.08
25. SUBTOTAL (add Line 23 and Line 24)...	169640.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	11607.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	158033.07

15020082014

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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 Hillary

Full Name (Last, First, Middle Initial) Lake Group Media, Inc.		Date of Receipt M M / D D Y Y Y Y 10 08 2014
Mailing Address 1 Byram Brook Pl		Transaction ID : VQP82C1VYS6
City Armonk	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11244.34
Name of Employer	Occupation	List Rental 46143.65
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 46143.65	

Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt M M / D D Y Y Y Y 10 30 2014
Mailing Address 1152 15th St NW Ste 6000		Transaction ID : VQP82C1VYN4
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.10
Name of Employer	Occupation	Banking Interest 245082.95
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 245082.95	

Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt M M / D D Y Y Y Y 11 30 2014
Mailing Address 1152 15th St NW Ste 6000		Transaction ID : VQP82C1VYP2
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.09
Name of Employer	Occupation	Banking Interest 245083.04
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 245083.04	

SUBTOTAL of Receipts This Page (optional).....	11244.53
TOTAL This Period (last page this line number only).....	

15020082015

**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 20				
	(check only one)	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial) Lake Group Media, Inc.			Date of Receipt M M / D D Y Y 12 01 2014
Mailing Address 1 Byram Brook Pl			Transaction ID : VQP82C1VYR8
City Armonk	State NY	Zip Code 10504-2316	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1734.44
Name of Employer	Occupation		List Rental
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 47878.09		

B. Full Name (Last, First, Middle Initial) Merrill Lynch			Date of Receipt M M / D D Y Y 12 30 2014
Mailing Address 1152 15th St NW Ste 6000			Transaction ID : VQP82C1VYQ0
City Washington	State DC	Zip Code 20005-1774	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 0.11
Name of Employer	Occupation		Banking Interest
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 245083.15		

C. Full Name (Last, First, Middle Initial)			Date of Receipt M M Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	1734.55
TOTAL This Period (last page this line number only).....	12979.08

15020082016

**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 7 OF 20

<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 Hillary

Full Name (Last, First, Middle Initial)

A. Treasury of the United States

Date of Disbursement

Mailing Address 1500 Pennsylvania Avenue, N.W.

10 / 06 / 2014

City Washington State DC Zip Code 20220

Amount of Each Disbursement this Period

Purpose of Disbursement Taxes

001

1410.00

Transaction ID : SB17-3600

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

B. Bank of America

Date of Disbursement

Mailing Address 730 15th Street, N.W.

10 / 08 / 2014

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement Banking Fee

001

40.00

Transaction ID : SB17-3599

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

C. Bank of America

Date of Disbursement

Mailing Address 730 15th Street, N.W.

10 / 15 / 2014

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement Banking Fee

001

49.72

Transaction ID : SB17-3603

Candidate Name

Category/
Type

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

State: District:

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

1499.72

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

15020082017

**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)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1050 Connecticut Avenue, N.W.		Amount of Each Disbursement this Period 37.55 Transaction ID : SB17-3601
City Washington State DC Zip Code 20036-5303	Purpose of Disbursement Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 001

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y 11 / 07 / 2014
Mailing Address 730 15th Street, N.W.		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17-3606
City Washington State DC Zip Code 20005	Purpose of Disbursement Banking Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 001

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Date of Disbursement M M / J D / Y Y 11 / 12 / 2014
Mailing Address 1050 Connecticut Avenue, N.W.		Amount of Each Disbursement this Period 15.91 Transaction ID : SB17-3605
City Washington State DC Zip Code 20036-5303	Purpose of Disbursement Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 001

SUBTOTAL of Disbursements This Page (optional).....	93.46
TOTAL This Period (last page this line number only).....	

15020082018

**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)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Bank of America Full Name (Last, First, Middle Initial) Mailing Address 730 15th Street, N.W. City Washington State DC Zip Code 20005 Purpose of Disbursement Banking Fee 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:		Date of Disbursement M M D D Y Y Y 11 17 2014 Amount of Each Disbursement this Period 49.70 Transaction ID : SB17-3609
B. Carefirst Bluecross Blueshield Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 79749 City Baltimore State MD Zip Code 21279-0749 Purpose of Disbursement Employee Benefits 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:		Date of Disbursement M M D D Y Y Y 11 25 2014 Amount of Each Disbursement this Period 1848.03 Transaction ID : SB17-3580
C. JK Moving Services Full Name (Last, First, Middle Initial) Mailing Address 44112 Mercure Circle City Sterling State VA Zip Code 20166 Purpose of Disbursement Storage Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D Y Y Y 11 25 2014 Amount of Each Disbursement this Period 232.39 Transaction ID : SB17-3581
SUBTOTAL of Disbursements This Page (optional).....		2130.12
TOTAL This Period (last page this line number only).....		

15020082019

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 20

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. JK Moving Services		Date of Disbursement M M / D D Y Y Y Y 11 25 2014	
Mailing Address 44112 Mercure Circle		Amount of Each Disbursement this Period , , 230.27	
City Sterling State VA Zip Code 20166	Purpose of Disbursement Storage Rent	Category/ Type 001	Transaction ID : SB17-3582
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:		
Full Name (Last, First, Middle Initial) B. Trilogy Interactive LLC		Date of Disbursement M M / D D Y Y Y Y 11 25 2014	
Mailing Address PO Box 4177		Amount of Each Disbursement this Period , , 2.29	
City Mountain View State CA Zip Code 94040-4177	Purpose of Disbursement Email Expense	Category/ Type 101	Transaction ID : SB17-3583
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:		
Full Name (Last, First, Middle Initial) C. Trilogy Interactive LLC		Date of Disbursement M M / D D Y Y Y Y 11 25 2014	
Mailing Address PO Box 4177		Amount of Each Disbursement this Period , , 380.00	
City Mountain View State CA Zip Code 94040-4177	Purpose of Disbursement Consulting/Website	Category/ Type 001	Transaction ID : SB17-3584
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:		
SUBTOTAL of Disbursements This Page (optional).....		, , 612.56	
TOTAL This Period (last page this line number only).....		, ,	

15020082020

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 20

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Trilogy Interactive LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014	
Mailing Address PO Box 4177		Amount of Each Disbursement this Period \$ 500.00	
City Mountain View	State CA	Zip Code 94040-4177	Transaction ID : SB17-3585
Purpose of Disbursement Website		Category/ Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	
Full Name (Last, First, Middle Initial) B. Trilogy Interactive LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014	
Mailing Address PO Box 4177		Amount of Each Disbursement this Period \$ 17.00	
City Mountain View	State CA	Zip Code 94040-4177	Transaction ID : SB17-3586
Purpose of Disbursement Website		Category/ Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	
Full Name (Last, First, Middle Initial) C. Trilogy Interactive LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014	
Mailing Address PO Box 4177		Amount of Each Disbursement this Period \$ 60.00	
City Mountain View	State CA	Zip Code 94040-4177	Transaction ID : SB17-3587
Purpose of Disbursement Consulting/Website		Category/ Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	
SUBTOTAL of Disbursements This Page (optional).....		\$ 577.00	
TOTAL This Period (last page this line number only).....		\$	

15020082021

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

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

FOR LINE NUMBER: PAGE 12 OF 20
(check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Trilogy Interactive LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address PO Box 4177		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17-3588
City Mountain View	State CA	
Zip Code 94040-4177	Category/ Type 001	
Purpose of Disbursement Website	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. Trilogy Interactive LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address PO Box 4177		Amount of Each Disbursement this Period 17.00 Transaction ID : SB17-3589
City Mountain View	State CA	
Zip Code 94040-4177	Category/ Type 001	
Purpose of Disbursement Website	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) C. Trilogy Interactive LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address PO Box 4177		Amount of Each Disbursement this Period 2.27 Transaction ID : SB17-3590
City Mountain View	State CA	
Zip Code 94040-4177	Category/ Type 101	
Purpose of Disbursement Email Expense	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional)..... 519.27
TOTAL This Period (last page this line number only).....

15020082022

**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)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Trilogy Interactive LLC		Date of Disbursement M M / D D Y Y Y 11 25 2014	
Mailing Address PO Box 4177		Amount of Each Disbursement this Period 380.00 Transaction ID : SB17-3591	
City Mountain View	State CA		Zip Code 94040-4177
Purpose of Disbursement Consulting/Website	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Trilogy Interactive LLC		Date of Disbursement M M / D D Y Y Y 11 25 2014	
Mailing Address PO Box 4177		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17-3592	
City Mountain View	State CA		Zip Code 94040-4177
Purpose of Disbursement Website	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Trilogy Interactive LLC		Date of Disbursement M M / D D / Y Y Y 11 25 2014	
Mailing Address PO Box 4177		Amount of Each Disbursement this Period 17.00 Transaction ID : SB17-3593	
City Mountain View	State CA		Zip Code 94040-4177
Purpose of Disbursement Website	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	897.00
TOTAL This Period (last page this line number only).....	.

15020082023

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

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

FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
<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 Hillary

Full Name (Last, First, Middle Initial) A. Merrill Lynch		Date of Disbursement M M / D D Y Y Y Y 11 / 28 2014
Mailing Address 1152 15th Street, N.W. Suite 6000		Amount of Each Disbursement this Period \$ 300.00 Transaction ID : SB17-3604
City Washington State DC Zip Code 20005		
Purpose of Disbursement Banking Fee	001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Date of Disbursement M M / D D Y Y Y Y 12 / 02 2014
Mailing Address 1050 Connecticut Avenue, N.W.		Amount of Each Disbursement this Period \$ 25.96 Transaction ID : SB17-3610
City Washington State DC Zip Code 20036-5303		
Purpose of Disbursement Postage	001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Bank of America		Date of Disbursement M M / D D Y Y Y Y 12 / 05 2014
Mailing Address 730 15th Street, N.W.		Amount of Each Disbursement this Period \$ 40.00 Transaction ID : SB17-3607
City Washington State DC Zip Code 20005		
Purpose of Disbursement Banking Fee	001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 365.96
TOTAL This Period (last page this line number only).....	\$

15020082024

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20			
	<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 Hillary

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement M M / D D Y Y Y Y 12 / 15 2014
Mailing Address 730 15th Street, N.W.		Amount of Each Disbursement this Period \$ 49.72 Transaction ID : SB17-3612
City Washington State DC Zip Code 20005	Purpose of Disbursement Banking Fee 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:	
Category/Type 001		

Full Name (Last, First, Middle Initial) B. Carefirst Bluecross Blueshield		Date of Disbursement M M / D D Y Y Y Y 12 / 17 2014
Mailing Address Post Office Box 79749		Amount of Each Disbursement this Period \$ 1814.03 Transaction ID : SB17-3594
City Baltimore State MD Zip Code 21279-0749	Purpose of Disbursement Employee Benefits 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:	
Category/Type 001		

Full Name (Last, First, Middle Initial) C. JK Moving Services		Date of Disbursement M M / J D Y Y Y Y 12 / 17 2014
Mailing Address 44112 Mercure Circle		Amount of Each Disbursement this Period \$ 311.75 Transaction ID : SB17-3595
City Sterling State VA Zip Code 20166	Purpose of Disbursement Storage Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:	
Category/Type 001		

SUBTOTAL of Disbursements This Page (optional).....	\$ 2175.50
TOTAL This Period (last page this line number only).....	\$

15020082025

**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)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Trilogy Interactive LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address PO Box 4177		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17-3596
City Mountain View	State CA	
Zip Code 94040-4177	Purpose of Disbursement Website	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address Post Office Box 1270		Amount of Each Disbursement this Period 37.00 Transaction ID : SB17-3613
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Credit Card Pymt: Items Below	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	See Attached Memo Entry

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address Post Office Box 1270		Amount of Each Disbursement this Period 37.00 Transaction ID : SB17-3613-10000
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Banking Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional).....	537.00
TOTAL This Period (last page this line number only).....	

15020082026

**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 17 OF 20

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement MM / DD / YYYY 12 / 17 / 2014
Mailing Address Post Office Box 1270		Amount of Each Disbursement this Period 152.28
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Credit Card Pymt: Items Below	Transaction ID : SB17-3614
Candidate Name	Category/ Type 001	See Attached Memo Entry
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Intuit		Date of Disbursement MM / DD / YYYY 11 / 28 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 50.76
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Payroll Fee	Transaction ID : SB17-3614-10000
Candidate Name	Category/ Type 001	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Entry
State: District:		

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement MM / DD / YYYY 10 / 31 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 50.76
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Payroll Fee	Transaction ID : SB17-3614-20000
Candidate Name	Category/ Type 001	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Memo Entry
State: District:		

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

152.28

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

15020082027

**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 18 OF 20			
	<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 Hillary

Full Name (Last, First, Middle Initial) A. Intuit		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 50.76 Transaction ID : SB17-3614-30000
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Payroll Fee	001	[MEMO ITEM] Memo Entry
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:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address Post Office Box 1270		Amount of Each Disbursement this Period 203.40 Transaction ID : SB17-3615
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Credit Card Pymt: Items Below	001	See Attached Memo Entry
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:		

Full Name (Last, First, Middle Initial) c. Gotomypc		Date of Disbursement M M / J D / Y Y Y Y 11 / 12 / 2014
Mailing Address 5385 Hollister Avenue		Amount of Each Disbursement this Period 67.80 Transaction ID : SB17-3615-10000
City Santa Barbara	State CA Zip Code 93111	
Purpose of Disbursement Subscription	001	[MEMO ITEM] Memo Entry
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:		

SUBTOTAL of Disbursements This Page (optional).....	203.40
TOTAL This Period (last page this line number only).....	.

15020082028

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Gotomypc		Date of Disbursement M M D D Y Y Y 10 12 2014
Mailing Address 5385 Hollister Avenue		Amount of Each Disbursement this Period 67.80
City Santa Barbara	State CA Zip Code 93111	
Purpose of Disbursement Subscription	Candidate Name	Transaction ID : SB17-3615-20000
001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Memo Entry
State: District:		

Full Name (Last, First, Middle Initial) B. Gotomypc		Date of Disbursement M M D D Y Y Y 12 12 2014
Mailing Address 5385 Hollister Avenue		Amount of Each Disbursement this Period 67.80
City Santa Barbara	State CA Zip Code 93111	
Purpose of Disbursement Subscription	Candidate Name	Transaction ID : SB17-3615-30000
001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Memo Entry
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Date of Disbursement M M / D D Y Y Y 12 22 2014
Mailing Address 1050 Connecticut Avenue, N.W.		Amount of Each Disbursement this Period 13.00
City Washington	State DC Zip Code 20036-5303	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17-3611
001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13.00
TOTAL This Period (last page this line number only).....	

15020082029

**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)

<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 Hillary

Full Name (Last, First, Middle Initial)

A. Carefirst Bluecross Blueshield

Date of Disbursement

M M D D / Y Y Y
12 31 2014

Mailing Address Post Office Box 79749

City State Zip Code
Baltimore MD 21279-0749

Amount of Each Disbursement this Period

1831.03

Purpose of Disbursement
Employee Benefits

001

Transaction ID : SB17-3597

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M

B.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M D D / Y

C.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

1831.03

TOTAL This Period (last page this line number only)

11607.30

15020082030

15020082031

William
+ NAV. #500
DC 20036

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United States Senate

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Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED 1-31-15
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

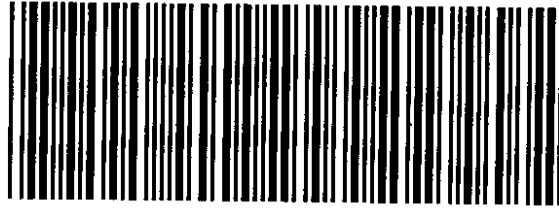
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

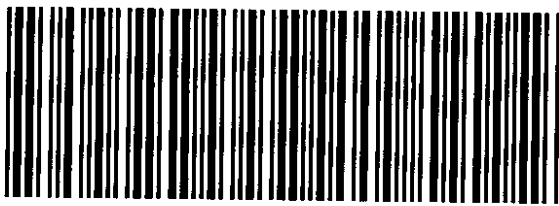
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 2-3-15

15020082032



SEN PATCH



SEN PATCH

15020082033