

Office Use Only

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00358895 3. IS THIS REPORT X NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT NY

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2015 through 03 31 2015

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 Date 04 15 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.

Table with 8 columns for Office Use Only

15020150030

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Hillary

Report Covering the Period:

From: 01 01 2015

To: 03 31 2015

	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) ..	143956.54	12124535.48
(b) Total Offsets to Operating Expenditures (from Line 14)...	9.38	148272.79
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	143947.16	11976262.69
8. Cash on Hand at Close of Reporting Period (from Line 27)...	17282.74	
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

15020150031

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Friends of Hillary

Report Covering the Period: From: ^{M M} 01 ^{Y Y} 01 ^{Y Y} 2015 To: ^{M M} 03 ^{Y Y} 31 ^{Y Y} 2015

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.) ..		
	9.38	148272.79
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	3196.83	889501.55
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...		
	3206.21	8070311.02

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	143956.54	12124535.48
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) ►	143956.54	22549518.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	158033.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	3206.21
25. SUBTOTAL (add Line 23 and Line 24)...	161239.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	143956.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	17282.74

15020150033

**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 15

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial)
AT&T

A. Mailing Address PO Box 6463

City State Zip Code
Carol Stream IL 60197

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2012
 Primary General
Other (specify)

Election Cycle-to-Date
9.38

Date of Receipt
02 10 2015

Transaction ID: VQP82C1VYQ4

Amount of Each Receipt this Period
9.38

Phone Service Refund

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

9.38

15020150034

**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 15
	<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	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt 02 28 2015
Mailing Address 1152 15th St NW Ste 6000		Transaction ID : VQP82C1VYQ2
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.04
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 245083.29	

Full Name (Last, First, Middle Initial) Merrill Lynch		Date of Receipt 01 31 2015
Mailing Address 1152 15th St NW Ste 6000		Transaction ID : VQP82C1VYQ1
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
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 245083.25	

Full Name (Last, First, Middle Initial) Lake Group Media, Inc		Date of Receipt 02 10 2015
Mailing Address 1 Byram Brook Pl		Transaction ID : VQP82C1VYQ3
City Armonk	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3196.69
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 51074.78	

SUBTOTAL of Receipts This Page (optional).....	3196.83
TOTAL This Period (last page this line number only).....	

15020150035

**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 15	
	<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 01 04 2015	
Mailing Address 730 15th Street, N.W.		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17-3608	
City Washington	State DC		Zip Code 20005
Purpose of Disbursement Banking Fee	001 Category/ Type		
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Date of Disbursement 01 06 2015	
Mailing Address 1050 Connecticut Avenue, N.W.		Amount of Each Disbursement this Period 16.09 Transaction ID : SB17-3621	
City Washington	State DC		Zip Code 20036-5303
Purpose of Disbursement Postage	001 Category/ Type		
Candidate Name			
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 01 15 2015	
Mailing Address 730 15th Street, N.W.		Amount of Each Disbursement this Period 49.70 Transaction ID : SB17-3626	
City Washington	State DC		Zip Code 20005
Purpose of Disbursement Banking Fee	001 Category/ Type		
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	105.79
TOTAL This Period (last page this line number only)	

15020150036

**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 8 OF 15

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial)
A. Trilogy Interactive LLC

Mailing Address **PO Box 4177**

City **Mountain View** State **CA** Zip Code **94040-4177**

Purpose of Disbursement
List Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
01 29 2015

Amount of Each Disbursement this Period
500.00

Transaction ID : **SB17-3598**

Category/Type
101

Full Name (Last, First, Middle Initial)
B. JK Moving Services

Mailing Address **44112 Mercure Circle**

City **Sterling** State **VA** Zip Code **20166**

Purpose of Disbursement
Storage Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
01 29 2015

Amount of Each Disbursement this Period
284.43

Transaction ID : **SB17-3616**

Category/Type
001

Full Name (Last, First, Middle Initial)
C. Carefirst Bluecross Blueshield

Mailing Address **Post Office Box 79749**

City **Baltimore** State **MD** Zip Code **21279-0749**

Purpose of Disbursement
Employee Benefits

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
01 29 2015

Amount of Each Disbursement this Period
3662.06

Transaction ID : **SB17-3617**

Category/Type
001

SUBTOTAL of Disbursements This Page (optional)..... 4446.49

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

15020150037

**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 9 OF 15	
	<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. JK Moving Services		Date of Disbursement 01 29 2015
Mailing Address 44112 Mercure Circle		Amount of Each Disbursement this Period 557.36
City Sterling	State VA	
Zip Code 20166	Purpose of Disbursement Storage Rent	Transaction ID : SB17-3618
Candidate Name	001 Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JK Moving Services		Date of Disbursement 01 29 2015
Mailing Address 44112 Mercure Circle		Amount of Each Disbursement this Period 295.13
City Sterling	State VA	
Zip Code 20166	Purpose of Disbursement Storage Rent	Transaction ID : SB17-3619
Candidate Name	001 Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JK Moving Services		Date of Disbursement 01 29 2015
Mailing Address 44112 Mercure Circle		Amount of Each Disbursement this Period 702.63
City Sterling	State VA	
Zip Code 20166	Purpose of Disbursement Storage Rent	Transaction ID : SB17-3620
Candidate Name	001 Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1555.12
TOTAL This Period (last page this line number only).....	

15020150038

**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. Internal Revenue Service		Date of Disbursement 02 04 2015	
Mailing Address Service Center		Amount of Each Disbursement this Period 40.00	
City Ogden	State UT	Zip Code 84201	Transaction ID : SB17-3622
Purpose of Disbursement Taxes	001 Category/ Type		
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)	

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement 02 04 2015	
Mailing Address Service Center		Amount of Each Disbursement this Period 2.00	
City Ogden	State UT	Zip Code 84201	Transaction ID : SB17-3623
Purpose of Disbursement Taxes	001 Category/ Type		
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)	

Full Name (Last, First, Middle Initial) C. Bank of America		Date of Disbursement 02 06 2015	
Mailing Address 730 15th Street, N.W.		Amount of Each Disbursement this Period 40.00	
City Washington	State DC	Zip Code 20005	Transaction ID : SB17-3625
Purpose of Disbursement Banking Fee	001 Category/ Type		
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)	

SUBTOTAL of Disbursements This Page (optional).....	82.00
TOTAL This Period (last page this line number only).....	

15020150039

**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)

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<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

Mailing Address 1050 Connecticut Avenue, N.W.

Date of Disbursement

02 10 2015

City Washington State DC Zip Code 20036-5303

Amount of Each Disbursement this Period

28.91

Purpose of Disbursement Postage

001

Transaction ID : SB17-3624

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

B. Carefirst Bluecross Blueshield

Mailing Address Post Office Box 79749

Date of Disbursement

02 11 2015

City Baltimore State MD Zip Code 21279-0749

Amount of Each Disbursement this Period

1831.03

Purpose of Disbursement Employee Benefits

001

Transaction ID : SB17-3632

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

Mailing Address 730 15th Street, N.W.

Date of Disbursement

03 06 2015

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

40.00

Purpose of Disbursement Banking Fee

001

Transaction ID : SB17-3631

Candidate Name

Category/
Type

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

State: District:

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

1899.94

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

15020150040

**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)

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<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 03 12 2015
Mailing Address Post Office Box 79749		Amount of Each Disbursement this Period 1831.03 Transaction ID : SB17-3633
City Baltimore	State MD Zip Code 21279-0749	
Purpose of Disbursement Employee Benefits	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement 03 12 2015
Mailing Address Post Office Box 1270		Amount of Each Disbursement this Period 69.99 Transaction ID : SB17-3628
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Credit Card Pymt: Items Below	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	See Attached Memo Entry	

Full Name (Last, First, Middle Initial) C. GoDaddy		Date of Disbursement 02 03 2015
Mailing Address 400 N Capitol St NW #585		Amount of Each Disbursement this Period 69.99 Transaction ID : SB17-3628-10000
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Website	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM] Memo Entry	

SUBTOTAL of Disbursements This Page (optional).....	1901.02
TOTAL This Period (last page this line number only).....	

15020150041

**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 13 OF 15	
	<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. American Express		Date of Disbursement 03 12 2015
Mailing Address Post Office Box 1270		Amount of Each Disbursement this Period 101.52
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Credit Card Pymt: Items Below	Candidate Name	Transaction ID : SB17-3629
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)	See Attached Memo Entry	
State: District:	Full Name (Last, First, Middle Initial)	

Full Name (Last, First, Middle Initial) B. Intuit		Date of Disbursement 12 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 Subscription	Candidate Name	Transaction ID : SB17-3629-10000
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)	

Full Name (Last, First, Middle Initial) c. Intuit		Date of Disbursement 01 30 2015
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 50.76
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Subscription	Candidate Name	Transaction ID : SB17-3629-20000
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)	

SUBTOTAL of Disbursements This Page (optional)	101.52
TOTAL This Period (last page this line number only)	

15020150042

**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 15

<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

Mailing Address Post Office Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement
Credit Card Pymt: Items Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

001
Category/
Type

Date of Disbursement

03 12 2015

Amount of Each Disbursement this Period

135.60

Transaction ID : SB17-3630

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

B. Gotomypc.com

Mailing Address 5385 Hollister Avenue

City Santa Barbara State CA Zip Code 93111

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

001
Category/
Type

Date of Disbursement

01 12 2015

Amount of Each Disbursement this Period

67.80

Transaction ID : SB17-3630-10000

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

c. Gotomypc.com

Mailing Address 5385 Hollister Avenue

City Santa Barbara State CA Zip Code 93111

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

001
Category/
Type

Date of Disbursement

02 12 2015

Amount of Each Disbursement this Period

67.80

Transaction ID : SB17-3630-20000

[MEMO ITEM]
Memo Entry

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

135.60

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

15020150043

**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 15

<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. Treasury of the United States

Mailing Address 1500 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20220

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
03 13 2015

Amount of Each Disbursement this Period
133729.06

Transaction ID : SB17-3627

Category/Type
001

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)	133729.06
TOTAL This Period (last page this line number only)	143956.54

15020150044

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED 4/15/15
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

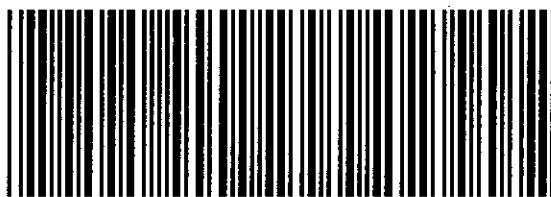
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 4/20/15

15020150046



SEN PATCH



SEN PATCH

15020150047