

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
COMMITTEE TO ELECT JOHN STONE

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))....	30411.00	165270.50
(b) Total Contribution Refunds (from Line 20(d))	0.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	30411.00	165020.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16787.99	113207.74
(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)).....	16787.99	113207.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	55219.30	
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).....	38532.75	

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

COMMITTEE TO ELECT JOHN STONE

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19050.00	71605.00
(ii) Unitemized.....	11011.00	85714.50
(iii) TOTAL of contributions from individuals ▶	30061.00	157319.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	350.00	7950.00
(d) The Candidate.....	0.00	1.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	30411.00	165270.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	2902.73
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2902.73
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	30411.00	168173.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16787.99	113207.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	1021.98
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	1021.98
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(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	250.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16787.99	114479.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	41596.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	30411.00
25. SUBTOTAL (add Line 23 and Line 24).....	72007.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16787.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	55219.30

**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 36
	<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)
COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial)
Jeff C. Annis

Mailing Address 549 Cedar Rock Drive

City State Zip Code
Martinez GA 30907

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

Name of Employer Occupation
Advanced Services Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2014

Transaction ID : SA11AI.11059

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jeff C. Annis

Mailing Address 549 Cedar Rock Drive

City State Zip Code
Martinez GA 30907

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

Name of Employer Occupation
Advanced Services Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.11575

Amount of Each Receipt this Period
700.00

C. Full Name (Last, First, Middle Initial)
Marsha L. Beck

Mailing Address 246 Calloway Ct.

City State Zip Code
Evans GA 30809

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

Name of Employer Occupation
best effort best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11AI.11050

Amount of Each Receipt this Period
1000.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
	<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)
COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial)
MS SUE M CANNON

Mailing Address **6420 W LAKERIDGE RD**

City **LAKEWOOD** State **CO** Zip Code **80227**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.11564

Amount of Each Receipt this Period
2100.00

B. Full Name (Last, First, Middle Initial)
MR JACK CARMICHAEL

Mailing Address **8101 QUEBEC DR**

City **SAN ANTONIO** State **TX** Zip Code **78239**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11AI.11169

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Richard Chambers

Mailing Address **4434 Columbia RD**

City **Martinez** State **GA** Zip Code **30909**

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

Name of Employer **Self** Occupation **Accountant**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : SA11AI.11900

Amount of Each Receipt this Period
400.00
 In-kind - office space

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<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)
COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial)
Mrs. Richard Chambers

Mailing Address 4434 Columbia RD

City State Zip Code
Martinez GA 30909

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

Name of Employer Occupation
Self Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11902

Amount of Each Receipt this Period
400.00

In-kind - office space

B. Full Name (Last, First, Middle Initial)
Mrs. Richard Chambers

Mailing Address 4434 Columbia RD

City State Zip Code
Martinez GA 30909

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

Name of Employer Occupation
Self Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.11904

Amount of Each Receipt this Period
400.00

In-kind - office space

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

Mailing Address 14141 Bradford Court

City State Zip Code
Libertyville IL 60048

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11555

Amount of Each Receipt this Period
1000.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 36
	<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)
COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial)
Susan D. Conger

Mailing Address 3012 Walton Way Ext.

City Augusta State GA Zip Code 30909

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.11574

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
Richard H. Fender

Mailing Address 3421 Camak Drive

City Augusta State GA Zip Code 30909

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

Name of Employer Augusta RV Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.11559

Amount of Each Receipt this Period
 350.00

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

Mailing Address 13057 CALIFORNIA ST

City YUCAIPA State CA Zip Code 92399

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 13 / 2014

Transaction ID : SA11AI.11225

Amount of Each Receipt this Period
 1000.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<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)
COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial)
RUSSELL FILER

Mailing Address 13057 CALIFORNIA ST

City YUCAIPA State CA Zip Code 92399

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2100.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : SA11AI.11224

Amount of Each Receipt this Period
100.00

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

Mailing Address 5020 W MOCKINGBIRD LN

City MC NEAL State AZ Zip Code 85617

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.11558

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR WARREN GALKIN

Mailing Address 29 SAGE DR

City WARWICK State RI Zip Code 28861

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

Name of Employer best effort Occupation best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : SA11AI.11047

Amount of Each Receipt this Period
250.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
	<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)
COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial)
MS SONJA GERQUEST

Mailing Address 5101 ASHLAR VLG

City WALLINGFORD State CT Zip Code 06492

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 02 / 2014

Transaction ID : SA11AI.11650

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
MR CHARLES GORDER SR

Mailing Address 5526 TOYON RD

City SAN DIEGO State CA Zip Code 92115

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 08 / 2014

Transaction ID : SA11AI.11037

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2573 Salem Church Road

City Lincolnton State GA Zip Code 30817

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

Name of Employer best effort Occupation best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014

Transaction ID : SA11AI.11584

Amount of Each Receipt this Period
 350.00

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 11 OF 36
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial)
Tatnall Hillman

Mailing Address 504 W. Bleeker Street

City Aspen State CO Zip Code 81611

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

Name of Employer best effort Occupation best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2014

Transaction ID : SA11AI.11587

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MR DAVID H KEYSTON

Mailing Address PO BOX 7066

City CARMEL State CA Zip Code 93921

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11AI.11039

Amount of Each Receipt this Period
 200.00

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

Mailing Address 801 Strawberry Creek

City Dublin State GA Zip Code 31021

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

Name of Employer self Occupation Private In-Home Health Care

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.11085

Amount of Each Receipt this Period
 250.00

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

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

1450.00

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

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

FOR LINE NUMBER: PAGE 12 OF 36
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial)
Sheri M. McLeod

Mailing Address 2917 Bransford Road

City Augusta State GA Zip Code 30909

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

Name of Employer Social, Inc. Occupation teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.11056

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
MRS LUCILLE W MELLISH

Mailing Address 2241 WELLESLEY ST

City PALO ALTO State CA Zip Code 94306

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 08 / 2014

Transaction ID : SA11AI.11038

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
R. Scott Moore

Mailing Address 402 Madison Ave. N

City Douglas State GA Zip Code 31534

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

Name of Employer Self Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.11065

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 36

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial)
MS FRANCIS MORSE

Mailing Address 4181 FORT JIM RD

City PLACERVILLE State CA Zip Code 95667

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

Name of Employer best effort Occupation best effort

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 08 / 2014

Transaction ID : SA11AI.11044

Amount of Each Receipt this Period
100.00

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

Mailing Address 113 Cherry Street

City Augusta State GA Zip Code 30907

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

Name of Employer Augusta Communications, Inc. Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : SA11AI.11546

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MISS MONTE RICHARDSON

Mailing Address 29 HIGHBRIDGE XING APT 3301

City ASHEVILLE State NC Zip Code 28803

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 06 / 2014

Transaction ID : SA11AI.11040

Amount of Each Receipt this Period
200.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. Jan Scott		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 1003 Van Streat Hwy		Transaction ID : SA11AI.11557
City Nicholls	State GA	
Zip Code 31554		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Nicholls Pharmacy, LLC	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. MR RAYMOND G TOBIN		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address PO BOX 710218		Transaction ID : SA11AI.11058
City SAN DIEGO	State CA	
Zip Code 92171		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. MR VICTOR VAN DAMME		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 5113 PATRICIA AVE		Transaction ID : SA11AI.11036
City LAS VEGAS	State NV	
Zip Code 89130		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	700.00
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 15 OF 36
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial)
Laura E.S. Zacherl

Mailing Address 2106-B Beach Circle

City Kodiak State AK Zip Code 99615

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

Name of Employer Home-maker Occupation Home-maker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.11076

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 639 South Old Belair Road

City Grovetown State GA Zip Code 30813

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

Name of Employer Rob Zapata's Electric Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.11550

Amount of Each Receipt this Period
 1200.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

3800.00

19050.00

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

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

FOR LINE NUMBER: PAGE 16 OF 36
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial)
THE NATIONAL REPUBLICAN TRUST PAC

Mailing Address 2100 M STREET, NW, SUITE 170-340

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00455378

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2014

Transaction ID : SA11C.11079

Amount of Each Receipt this Period
 150.00

In-kind - survey

B. Full Name (Last, First, Middle Initial)
THE NATIONAL REPUBLICAN TRUST PAC

Mailing Address 2100 M STREET, NW, SUITE 170-340

City WASHINGTON State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00455378

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11C.11082

Amount of Each Receipt this Period
 200.00

In-kind - survey

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

350.00

350.00

**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 17 OF 36			
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address S. Capitol Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.11739
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Fundraising cost	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mrs. Richard Chambers		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 4434 Columbia RD		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.11901
City Martinez	State GA	
Zip Code 30909	Purpose of Disbursement In-kind - office space	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Mrs. Richard Chambers		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 4434 Columbia RD		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.11903
City Martinez	State GA	
Zip Code 30909	Purpose of Disbursement In-kind - office space	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 36			
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. Mrs. Richard Chambers			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014		
Mailing Address 4434 Columbia RD			Amount of Each Disbursement this Period 400.00		
City Martinez	State GA	Zip Code 30909	Transaction ID : SB17.11905		
Purpose of Disbursement In-kind - office space		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Chambers Accounting			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014		
Mailing Address 4434 Columbia Road			Amount of Each Disbursement this Period 366.90		
City Augusta	State GA	Zip Code 30907	Transaction ID : SB17.11881		
Purpose of Disbursement office/utilities		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Chevron			Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014		
Mailing Address 3600 Walton Way Ext.			Amount of Each Disbursement this Period 532.84		
City Augusta	State GA	Zip Code 30909	Transaction ID : SB17.11868		
Purpose of Disbursement travel expense/repairs		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1299.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 36			
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. Clash Graphics		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2140 Peachtree Rd. NE #301		Amount of Each Disbursement this Period 204.50 Transaction ID : SB17.11859
City Atlanta State GA Zip Code 30309	Purpose of Disbursement printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GA Republican Party		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 3110 Maple Dr. NE		Amount of Each Disbursement this Period 5220.00 Transaction ID : SB17.11883
City Atlanta State GA Zip Code 30305	Purpose of Disbursement Candidate filing fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jones Creek Golf Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 777 Jones Creek		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.11890
City Evans State GA Zip Code 30809	Purpose of Disbursement campaign event	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5724.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 36	
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. Lowe's		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address Washington Road		Amount of Each Disbursement this Period 68.95 Transaction ID : SB17.11825
City Evans	State GA	
Zip Code 30809	Purpose of Disbursement posts for signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Murphy Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 224 Bobby Johnes Exp.		Amount of Each Disbursement this Period 68.08 Transaction ID : SB17.11824
City Augusta	State GA	
Zip Code 30907	Purpose of Disbursement travel/gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Murphy Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 224 Bobby Johnes Exp.		Amount of Each Disbursement this Period 73.93 Transaction ID : SB17.11879
City Augusta	State GA	
Zip Code 30907	Purpose of Disbursement travel/gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	210.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 36	
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. Office Max		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address Washington Road		Amount of Each Disbursement this Period 33.47 Transaction ID : SB17.11747
City Evans	State GA	
Zip Code 30809	Purpose of Disbursement office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Office Max		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address Washington Road		Amount of Each Disbursement this Period 72.33 Transaction ID : SB17.11809
City Evans	State GA	
Zip Code 30809	Purpose of Disbursement office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Megan Seda		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 4434 Columbia Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.11758
City Evans	State GA	
Zip Code 30809	Purpose of Disbursement Political Strategy Consultant	Category/ Type
Candidate Name Mr. JOHN ERWIN II Erwin STONE II	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 12	

SUBTOTAL of Disbursements This Page (optional).....	1105.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 36		
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. Megan Seda		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 4434 Columbia Road		Amount of Each Disbursement this Period 519.00 Transaction ID : SB17.11759
City Evans	State GA	
Purpose of Disbursement Political Strategy Consultant		Category/ Type
Candidate Name Mr. JOHN ERWIN II Erwin STONE II		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 12	

Full Name (Last, First, Middle Initial) B. Megan Seda		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address 4434 Columbia Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.11886
City Evans	State GA	
Purpose of Disbursement Political Strategy Consultant		Category/ Type
Candidate Name Mr. JOHN ERWIN II Erwin STONE II		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA	District: 12	

Full Name (Last, First, Middle Initial) c. Shell Oil		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 3934 Washington Road		Amount of Each Disbursement this Period 73.01 Transaction ID : SB17.11735
City Augusta	State GA	
Purpose of Disbursement travel/gas		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1592.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 36			
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 246 Robert C. Daniels Jr. Pkwy.		Amount of Each Disbursement this Period 117.43
City Augusta	State GA	
Zip Code 30909	Purpose of Disbursement office supplies	Transaction ID : SB17.11756
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 246 Robert C. Daniels Jr. Pkwy.		Amount of Each Disbursement this Period 138.56
City Augusta	State GA	
Zip Code 30909	Purpose of Disbursement Office supplies/postage	Transaction ID : SB17.11830
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Fauquier Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 561		Amount of Each Disbursement this Period 595.00
City Warrenton	State VA	
Zip Code 20188	Purpose of Disbursement Bank fees	Transaction ID : SB17.11892
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	850.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 36	
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. THE NATIONAL REPUBLICAN TRUST PAC		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 2100 M STREET, NW, SUITE 170-340		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.11083
City WASHINGTON State DC Zip Code 20037	Purpose of Disbursement In-kind - survey	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The UPS Store		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 4115 Columbia Rd. #5		Amount of Each Disbursement this Period 63.18 Transaction ID : SB17.11853
City Martinez State GA Zip Code 30907	Purpose of Disbursement office supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tri County Development		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address c/o Chambers Accounting 4434 Columbia Road		Amount of Each Disbursement this Period 325.97 Transaction ID : SB17.11699
City Augusta State GA Zip Code 30907	Purpose of Disbursement admin. Costs (office/power)	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	589.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 36	
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 607 Ronald Reagan Drive		Amount of Each Disbursement this Period 147.00
City Evans	State GA	
Zip Code 30809	Purpose of Disbursement Postage	Transaction ID : SB17.11704
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 607 Ronald Reagan Drive		Amount of Each Disbursement this Period 98.00
City Evans	State GA	
Zip Code 30809	Purpose of Disbursement Postage	Transaction ID : SB17.11827
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Verizon		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 50.75
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement telephone service	Transaction ID : SB17.11678
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	295.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 36	
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. Verizon		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.11691
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement telephone service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 60.75 Transaction ID : SB17.11694
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement telephone service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.11724
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement telephone service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	240.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 36	
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. Verizon		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 20.75 Transaction ID : SB17.11727
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement telephone service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Verizon		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 50.75 Transaction ID : SB17.11770
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement telephone service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Verizon		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.11801
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement telephone service	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	161.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 36	
	<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)
COMMITTEE TO ELECT JOHN STONE

Full Name (Last, First, Middle Initial) A. Verizon		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 50.75
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement telephone service	Candidate Name	Transaction ID : SB17.11823
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	50.75
TOTAL This Period (last page this line number only).....	13321.90

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4102**

COMMITTEE TO ELECT JOHN STONE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2008

John Erwin Stone II

Primary

General

Other (specify) ▼

Mailing Address

13016 Belle Meade Lance

City

State

ZIP Code

Markham

VA

22643

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100.00

0.00

100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 01 /

Y 2010 Y

M /

D /

Y 21/31/2012 Y

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

100.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4113

COMMITTEE TO ELECT JOHN STONE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2008

John Erwin Stone II

Primary

General

Other (specify) ▼

Mailing Address

13016 Belle Meade Lance

City

State

ZIP Code

Markham

VA

22643

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100.00

0.00

100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

10

2010

12/31/2013

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

100.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4114**

COMMITTEE TO ELECT JOHN STONE

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2008

John Erwin Stone II

Primary
 General
 Other (specify) ▼

Mailing Address

13016 Belle Meade Lance

City

State

ZIP Code

Markham

VA

22643

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200.00

0.00

200.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

08

2010

12/31/2010

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

200.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT JOHN STONE** Transaction ID : **SC/10.4124**

LOAN SOURCE Full Name (Last, First, Middle Initial) John Erwin Stone II	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13016 Belle Meade Lance		

City	State	ZIP Code
Markham	VA	22643

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 01 / Y 2011	M / D / Y 2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	600.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT JOHN STONE** Transaction ID : **SC/10.4254**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. JOHN ERWIN II Erwin STONE II	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4228 MATCH POINT DR		

City	State	ZIP Code
AUGUSTA	GA	30909

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
758.00	0.00	758.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 08 / Y 2013	M / D / Y 12/31/14			6.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	758.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT JOHN STONE** Transaction ID : **SC/10.4256**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. JOHN ERWIN II Erwin STONE II	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4228 MATCH POINT DR		

City	State	ZIP Code
AUGUSTA	GA	30909

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
894.26	0.00	894.26

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 31 / Y 2013	M / D / Y 12/31/2014		6.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	894.26
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **COMMITTEE TO ELECT JOHN STONE** Transaction ID : **SC/10.4257**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. JOHN ERWIN II Erwin STONE II	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4228 MATCH POINT DR		

City	State	ZIP Code
AUGUSTA	GA	30909

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
228.49	0.00	228.49

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 22 / 2013	12/31/2014	6.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	228.49
TOTALS This Period (last page in this line only).....	▶	2880.75
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT JOHN STONE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
John Erwin Stone II

Mailing Address 13016 Belle Meade Lance

City State Zip Code
 Markham VA 22643

Nature of Debt (Purpose):
 Carryover Loan Balance 2008

Outstanding Balance Beginning This Period **Transaction ID : SD10.4112**

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
John Erwin Stone II

Mailing Address 13016 Belle Meade Lance

City State Zip Code
 Markham VA 22643

Nature of Debt (Purpose):
 FEC Fee

Outstanding Balance Beginning This Period **Transaction ID : SD10.4107**

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="35652.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="35652.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="2880.75"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="38532.75"/>