

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Moran for Congress

ADDRESS (number and street)

311 North Washington Street

Suite 200L

Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

C C00241349

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

VA

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2014

through

M M / D D / Y Y Y Y
03 / 31 / 2014

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

Type or Print Name of Treasurer Marvin F. Weissberg

Signature of Treasurer Marvin F. Weissberg

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 15 / 2014

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Moran for Congress

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))....	4500.00	842935.76
(b) Total Contribution Refunds (from Line 20(d))	100950.00	100950.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-96450.00	741985.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	89837.31	612424.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	200.00	7658.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	89637.31	604766.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	519455.74	
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Moran for Congress

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).....	2000.00	396649.03
(ii) Unitemized.....	0.00	18657.23
(iii) TOTAL of contributions from individuals ▶	2000.00	415306.26
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	427629.50
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4500.00	842935.76
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	200.00	7658.18
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	506.89	3808.40
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5206.89	854402.34

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	89837.31	612424.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	26700.00	26700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	74250.00	74250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100950.00	100950.00
21. OTHER DISBURSEMENTS	5000.00	21270.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	195787.31	734644.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	710036.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5206.89
25. SUBTOTAL (add Line 23 and Line 24).....	715243.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	195787.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	519455.74

**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 80
	<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)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Angela Y. Moody

Mailing Address 42957 Golf View Dr

City Chantilly State VA Zip Code 20152-2005

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

Name of Employer EDJ Associates Occupation President & Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C10189055

Amount of Each Receipt this Period
 2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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).....

2000.00

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 80
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
OSHKOSH CORPORATION EMPLOYEES PAC (OCEPAC)

Mailing Address P.O. BOX 2566
2307 OREGON STREET

City OSHKOSH State WI Zip Code 54903

FEC ID number of contributing federal political committee. **C** C00304477

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C10189057

Amount of Each Receipt this Period
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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).....

2500.00

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 80
	<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)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
James P. Moran Jr.

Mailing Address 311 North Washington Street
Suite 200L

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00241349

Name of Employer Occupation
US House of Representatives Representative

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3264.00

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

Transaction ID : C10205548

Amount of Each Receipt this Period
408.00

Reimbursement for car

B. Full Name (Last, First, Middle Initial)
Virginia Commerce Bank

Mailing Address 5350 Lee Hwy

City State Zip Code
Arlington VA 22207-1608

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
508.75

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : C10218487

Amount of Each Receipt this Period
29.65

* Interest income

C. Full Name (Last, First, Middle Initial)
Virginia Commerce Bank

Mailing Address 5350 Lee Hwy

City State Zip Code
Arlington VA 22207-1608

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
508.75

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

Transaction ID : C10218486

Amount of Each Receipt this Period
25.36

* Interest income

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

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

463.01

**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 80
	<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)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Virginia Commerce Bank

Mailing Address 5350 Lee Hwy

City State Zip Code
Arlington VA 22207-1608

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
508.75

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

Transaction ID : C10251885

Amount of Each Receipt this Period
8.23

* Interest income

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

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

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

8.23

471.24

**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 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 504 Clinton Center Drive Suite 440		Amount of Each Disbursement this Period 40.00 Transaction ID : D711369
City Clinton State MS Zip Code 39056	Purpose of Disbursement Payroll service 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) B. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 504 Clinton Center Drive Suite 440		Amount of Each Disbursement this Period 43.50 Transaction ID : D711370
City Clinton State MS Zip Code 39056	Purpose of Disbursement Payroll service 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. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 504 Clinton Center Drive Suite 440		Amount of Each Disbursement this Period 7.00 Transaction ID : D711371
City Clinton State MS Zip Code 39056	Purpose of Disbursement Payroll service 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:		

SUBTOTAL of Disbursements This Page (optional).....	90.50
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 10 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 504 Clinton Center Drive Suite 440		Amount of Each Disbursement this Period 115.00
City Clinton	State MS	
Zip Code 39056	Purpose of Disbursement Payroll service fee	Transaction ID : D711372
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. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 504 Clinton Center Drive Suite 440		Amount of Each Disbursement this Period 7.00
City Clinton	State MS	
Zip Code 39056	Purpose of Disbursement Payroll service fee	Transaction ID : D711373
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. ADP, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 504 Clinton Center Drive Suite 440		Amount of Each Disbursement this Period 110.00
City Clinton	State MS	
Zip Code 39056	Purpose of Disbursement Payroll service fee	Transaction ID : D711374
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).....	232.00
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 11 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 499 South Capitol Street, SW Suite		Amount of Each Disbursement this Period 5036.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising consulting fee and expenses	
Candidate Name	Category/Type	Transaction ID : D711434
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. Angerholzer Broz Consulting LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 499 South Capitol Street, SW Suite		Amount of Each Disbursement this Period 8629.76
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising consulting fee and expenses	
Candidate Name	Category/Type	Transaction ID : D711435
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. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 133.31
City Atlanta State GA Zip Code 30353-6216	Purpose of Disbursement Telephone expense	
Candidate Name	Category/Type	Transaction ID : D711329
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).....	13799.07
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 12 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial)

A. AT&T Mobility

Mailing Address PO Box 536216

City Atlanta State GA Zip Code 30353-6216

Purpose of Disbursement Telephone expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 13 / 2014

Amount of Each Disbursement this Period: 124.98

Transaction ID : D711330

Full Name (Last, First, Middle Initial)

B. AT&T Mobility

Mailing Address PO Box 536216

City Atlanta State GA Zip Code 30353-6216

Purpose of Disbursement Telephone expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 18 / 2014

Amount of Each Disbursement this Period: 130.23

Transaction ID : D711331

Full Name (Last, First, Middle Initial)

C. AT&T Mobility

Mailing Address PO Box 536216

City Atlanta State GA Zip Code 30353-6216

Purpose of Disbursement Telephone expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 06 / 2014

Amount of Each Disbursement this Period: 123.66

Transaction ID : D711332

SUBTOTAL of Disbursements This Page (optional) 378.87

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 13 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 123.66 Transaction ID : D711333
City Atlanta	State GA	
Purpose of Disbursement Telephone expense		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. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 123.66 Transaction ID : D711334
City Atlanta	State GA	
Purpose of Disbursement Telephone expense		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. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 130.47 Transaction ID : D711335
City Atlanta	State GA	
Purpose of Disbursement Telephone expense		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)	377.79
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 14 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Ms. Lavern J. Chatman-Brown		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 307 Yoakum Pkwy Apt 1426		Amount of Each Disbursement this Period 909.28 Transaction ID : D711473
City Alexandria	State VA Zip Code 22304-4037	
Purpose of Disbursement Fundraising/Catering		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. Richard R. Enright		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1461 N Highview Ln Apt 309		Amount of Each Disbursement this Period 672.92 Transaction ID : D711497
City Alexandria	State VA Zip Code 22311-2332	
Purpose of Disbursement Salary		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. Richard R. Enright		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1461 N Highview Ln Apt 309		Amount of Each Disbursement this Period 672.94 Transaction ID : D711498
City Alexandria	State VA Zip Code 22311-2332	
Purpose of Disbursement Salary		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).....	2255.14
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 15 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. First Data		M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address PO Box 5180		Amount of Each Disbursement this Period	
City State Zip Code Simi Valley CA 93062		11.90	
Purpose of Disbursement Credit card processing fees		Transaction ID : D711336	
Candidate Name		Category/Type	
Office Sought:	House Senate 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)		Date of Disbursement	
B. First Data		M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address PO Box 5180		Amount of Each Disbursement this Period	
City State Zip Code Simi Valley CA 93062		102.30	
Purpose of Disbursement Credit card processing fees		Transaction ID : D711337	
Candidate Name		Category/Type	
Office Sought:	House Senate 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)		Date of Disbursement	
C. First Data		M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address PO Box 5180		Amount of Each Disbursement this Period	
City State Zip Code Simi Valley CA 93062		339.86	
Purpose of Disbursement Credit card processing fees		Transaction ID : D711338	
Candidate Name		Category/Type	
Office Sought:	House Senate 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).....	454.06
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 16 OF 80			
	<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)
Moran for Congress

A. First Data

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5180

City: Simi Valley State: CA Zip Code: 93062

Purpose of Disbursement: Credit card processing fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 03 / 2014

Amount of Each Disbursement this Period: 2.10

Transaction ID : D711339

B. First Data

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5180

City: Simi Valley State: CA Zip Code: 93062

Purpose of Disbursement: Credit card processing fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 03 / 2014

Amount of Each Disbursement this Period: 142.85

Transaction ID : D711340

c. Friends of the Alexandria Comm for Women

Full Name (Last, First, Middle Initial)
Mailing Address 406 Skyhill Road

City: Alexandria State: VA Zip Code: 22314

Purpose of Disbursement: Event tickets

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 30 / 2014

Amount of Each Disbursement this Period: 260.00

Transaction ID : D711344

SUBTOTAL of Disbursements This Page (optional) 404.95

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 17 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Friends of the Comission for Women			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 421 King Street Suite 400			Amount of Each Disbursement this Period 500.00
City Alexandria	State VA	Zip Code 22314	Transaction ID : D711384
Purpose of Disbursement Event sponsor		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. GEICO Insurance Co.			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 5260 Western Ave			Amount of Each Disbursement this Period 173.19
City Chevy Chase	State MD	Zip Code 20815-3701	Transaction ID : D711300
Purpose of Disbursement Car insurance		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. GEICO Insurance Co.			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 5260 Western Ave			Amount of Each Disbursement this Period 173.95
City Chevy Chase	State MD	Zip Code 20815-3701	Transaction ID : D711301
Purpose of Disbursement Car insurance		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).....	847.14
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 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. GEICO Insurance Co.		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 5260 Western Ave		Amount of Each Disbursement this Period 173.57
City Chevy Chase	State MD	
Zip Code 20815-3701	Purpose of Disbursement Car insurance	Transaction ID : D711302
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. Infinite Edge, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 4592		Amount of Each Disbursement this Period 1836.30
City Falls Church	State VA	
Zip Code 22044-0592	Purpose of Disbursement Website services	Transaction ID : D711367
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. Mason District Little League		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 592		Amount of Each Disbursement this Period 500.00
City Annandale	State VA	
Zip Code 22003	Purpose of Disbursement Team sponsorship	Transaction ID : D711479
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).....	2509.87
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 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Mireya Krafft Muriel		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 4412 Evansdale Road		Amount of Each Disbursement this Period 200.00 Transaction ID : D711412
City Woodbridge State VA Zip Code 22193	Purpose of Disbursement Office maintenance	
Candidate Name	Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Mireya Krafft Muriel		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 4412 Evansdale Road		Amount of Each Disbursement this Period 200.00 Transaction ID : D711413
City Woodbridge State VA Zip Code 22193	Purpose of Disbursement Office maintenance	
Candidate Name	Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Mireya Krafft Muriel		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 4412 Evansdale Road		Amount of Each Disbursement this Period 200.00 Transaction ID : D711414
City Woodbridge State VA Zip Code 22193	Purpose of Disbursement Office maintenance	
Candidate Name	Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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).....	600.00
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 20 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Mireya Krafft Muriel		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 4412 Evansdale Road		Amount of Each Disbursement this Period 200.00 Transaction ID : D711415
City Woodbridge State VA Zip Code 22193	Purpose of Disbursement Office maintenance	
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. Mireya Krafft Muriel		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 4412 Evansdale Road		Amount of Each Disbursement this Period 250.00 Transaction ID : D711416
City Woodbridge State VA Zip Code 22193	Purpose of Disbursement Office maintenance	
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. Colin M. Neafsey		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 2637 S Street, NW		Amount of Each Disbursement this Period 689.69 Transaction ID : D711398
City Washington State DC Zip Code 20007	Purpose of Disbursement Salary	
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).....	1139.69
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 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Colin M. Neafsey		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 2637 S Street, NW		Amount of Each Disbursement this Period 265.63 Transaction ID : D711399
City Washington	State DC Zip Code 20007	
Purpose of Disbursement Salary	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. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period -950.00 Transaction ID : D710602
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement 1/31/13 check voided (duplicate payment)	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. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1251.00 Transaction ID : D711349
City Washington	State DC Zip Code 20005-5006	
Purpose of Disbursement Database software & support	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).....	566.63
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 80	
	<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)
Moran for Congress

A. Northern VA Democratic Business Council

Full Name (Last, First, Middle Initial)
Mailing Address 8000 Towers Crescent Dr
Ste 1700

City Vienna State VA Zip Code 22182-6200

Purpose of Disbursement
4/16/13 check voided

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period
-125.00

Transaction ID : D710603

B. Northern Virginia Urban League, Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 1315 Duke St

City Alexandria State VA Zip Code 22314-3508

Purpose of Disbursement
Event sponsor

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 30 / 2014

Amount of Each Disbursement this Period
3750.00

Transaction ID : D711309

C. Northern Virginia Urban League, Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 1315 Duke St

City Alexandria State VA Zip Code 22314-3508

Purpose of Disbursement
8/20/13 check voided

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

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

Amount of Each Disbursement this Period
-2500.00

Transaction ID : D710605

SUBTOTAL of Disbursements This Page (optional)..... 1125.00

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 23 OF 80			
	<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)
Moran for Congress

A. Port City Brewing Company

Full Name (Last, First, Middle Initial)
Mailing Address 3950 Wheeler Avenue

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
7/15/13 check voided (event cancelled)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
03 / 31 / 2014

Amount of Each Disbursement this Period
-475.00

Transaction ID : D710604

B. Mr. Thomas J. Scanlon

Full Name (Last, First, Middle Initial)
Mailing Address 3120 N Pollard St

City Arlington State VA Zip Code 22207-4142

Purpose of Disbursement
5/24/12 check voided

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
03 / 31 / 2014

Amount of Each Disbursement this Period
-20.50

Transaction ID : D710600

C. Senior Services of Alexandria

Full Name (Last, First, Middle Initial)
Mailing Address 700 Princess Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Event sponsor

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
02 / 12 / 2014

Amount of Each Disbursement this Period
1500.00

Transaction ID : D711347

SUBTOTAL of Disbursements This Page (optional) 1004.50

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 24 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. South County Little League, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 206		Amount of Each Disbursement this Period 500.00 Transaction ID : D711501
City Lorton	State VA Zip Code 22199	
Purpose of Disbursement Team sponsorship	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. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 3301 Jefferson Davis Hwy		Amount of Each Disbursement this Period 44.22 Transaction ID : D712374
City Alexandria	State VA Zip Code 22305-3044	
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. Mr. Daniel K. Steen		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 6100 30th St N		Amount of Each Disbursement this Period 800.00 Transaction ID : D711448
City Arlington	State VA Zip Code 22207-1120	
Purpose of Disbursement Fundraising/Catering	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).....	1344.22
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 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. The Waverly Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 6849 Old Dominion Dr Ste 222		Amount of Each Disbursement this Period 3045.00
City McLean	State VA	
Zip Code 22101-3705	Purpose of Disbursement FEC Compliance & Related Services	Transaction ID : D711310
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 Waverly Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 6849 Old Dominion Dr Ste 222		Amount of Each Disbursement this Period 3045.00
City McLean	State VA	
Zip Code 22101-3705	Purpose of Disbursement FEC Compliance & Related Services	Transaction ID : D711311
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. Alice C. Lin Tong		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 305 South St. Asaph Street, #1		Amount of Each Disbursement this Period 3886.85
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Salary	Transaction ID : D711419
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).....	9976.85
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 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Alice C. Lin Tong		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 305 South St. Asaph Street, #1		Amount of Each Disbursement this Period 79.74 Transaction ID : D711420
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Expense reimbursement (none over \$200)	
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. Alice C. Lin Tong		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 305 South St. Asaph Street, #1		Amount of Each Disbursement this Period 205.74 Transaction ID : D711421
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Health insurance	
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. Alice C. Lin Tong		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 305 South St. Asaph Street, #1		Amount of Each Disbursement this Period 2894.43 Transaction ID : D711422
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Health insurance	
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).....	3179.91
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 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Alice C. Lin Tong			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 305 South St. Asaph Street, #1			Amount of Each Disbursement this Period 200.14 Transaction ID : D711423
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement Health insurance		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. Town & Country Properties, Inc.			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 7901 Richmond Hwy			Amount of Each Disbursement this Period 1300.00 Transaction ID : D711327
City Alexandria	State VA	Zip Code 22306-3013	
Purpose of Disbursement Office rent		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. Toyota Motor Credit Co.			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address PO Box 221164			Amount of Each Disbursement this Period 718.41 Transaction ID : D711293
City Fairfax	State VA	Zip Code 20153-1164	
Purpose of Disbursement Car lease		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).....	2218.55
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 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Toyota Motor Credit Co.		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address PO Box 221164		Amount of Each Disbursement this Period 718.41 Transaction ID : D711294
City Fairfax	State VA	
Zip Code 20153-1164	Purpose of Disbursement Car lease	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. Toyota Motor Credit Co.		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address PO Box 221164		Amount of Each Disbursement this Period 718.41 Transaction ID : D711295
City Fairfax	State VA	
Zip Code 20153-1164	Purpose of Disbursement Car lease	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. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address IRS		Amount of Each Disbursement this Period 4481.86 Transaction ID : D711280
City Philadelphia	State PA	
Zip Code 19255-0001	Purpose of Disbursement Payroll taxes	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).....	5918.86
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 29 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address IRS		Amount of Each Disbursement this Period 2760.87
City Philadelphia	State PA Zip Code 19255-0001	
Purpose of Disbursement Payroll taxes	Candidate Name	Transaction ID : D711281
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. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address IRS		Amount of Each Disbursement this Period 1733.49
City Philadelphia	State PA Zip Code 19255-0001	
Purpose of Disbursement Payroll taxes	Candidate Name	Transaction ID : D711282
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. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address IRS		Amount of Each Disbursement this Period 48.00
City Philadelphia	State PA Zip Code 19255-0001	
Purpose of Disbursement Corporate taxes	Candidate Name	Transaction ID : D711283
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	4542.36
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 30 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 27783		Amount of Each Disbursement this Period 200.00 Transaction ID : D711297
City Richmond	State VA	
Zip Code 23261-7783	Purpose of Disbursement Telephone expense	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 02 / 18 / 2014
Mailing Address PO Box 27783		Amount of Each Disbursement this Period 200.07 Transaction ID : D711298
City Richmond	State VA	
Zip Code 23261-7783	Purpose of Disbursement Telephone expense	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 / 26 / 2014
Mailing Address PO Box 27783		Amount of Each Disbursement this Period 194.36 Transaction ID : D711299
City Richmond	State VA	
Zip Code 23261-7783	Purpose of Disbursement Telephone expense	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).....	594.43
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 31 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Virginia Department of Taxation		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address PO Box 27264		Amount of Each Disbursement this Period 1616.67 Transaction ID : D711273
City Richmond	State VA Zip Code 23261-7264	
Purpose of Disbursement Payroll taxes	Candidate Name	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. Virginia Department of Taxation		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 27264		Amount of Each Disbursement this Period 709.02 Transaction ID : D711274
City Richmond	State VA Zip Code 23261-7264	
Purpose of Disbursement Payroll taxes	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Virginia Department of Taxation		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address PO Box 27264		Amount of Each Disbursement this Period 361.61 Transaction ID : D711275
City Richmond	State VA Zip Code 23261-7264	
Purpose of Disbursement Payroll taxes	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2687.30
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 32 OF 80		
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Margaret M. Willingham		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 306 Bishops Ct		Amount of Each Disbursement this Period 6343.83 Transaction ID : D711393
City Falls Church	State VA	
Zip Code 22046-3427	Purpose of Disbursement Salary	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. Margaret M. Willingham		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 306 Bishops Ct		Amount of Each Disbursement this Period 4393.75 Transaction ID : D711394
City Falls Church	State VA	
Zip Code 22046-3427	Purpose of Disbursement Salary	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. Margaret M. Willingham		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 306 Bishops Ct		Amount of Each Disbursement this Period 4393.75 Transaction ID : D711395
City Falls Church	State VA	
Zip Code 22046-3427	Purpose of Disbursement Salary	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).....	15131.33
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 33 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Winpisinger & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 1000.00 Transaction ID : D711284
City Gaithersburg State MD Zip Code 20878-5808	Purpose of Disbursement FEC Preparation	
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. Winpisinger & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 1000.00 Transaction ID : D711285
City Gaithersburg State MD Zip Code 20878-5808	Purpose of Disbursement FEC Preparation	
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. Winpisinger & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 1000.00 Transaction ID : D711286
City Gaithersburg State MD Zip Code 20878-5808	Purpose of Disbursement FEC Preparation	
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)	3000.00
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 34 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Mr. Wayne Zandbergen		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 6222 Lakeview Dr		Amount of Each Disbursement this Period -86.40 Transaction ID : D710597
City Falls Church	State VA Zip Code 22041-1321	
Purpose of Disbursement 8/28/09 and 1/15/11 checks voided		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. First Bankcard		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 4000 Coral Ridge Drive		Amount of Each Disbursement this Period 18.00 Transaction ID : D711401
City Coral Springs	State FL Zip Code 33065	
Purpose of Disbursement Credit card (see below)		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. Bullfeathers		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 410 1st St SE		Amount of Each Disbursement this Period 18.00 Transaction ID : D711326 [MEMO ITEM]
City Washington	State DC Zip Code 20003-1819	
Purpose of Disbursement Meal		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).....	-68.40
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 35 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial)
A. First Bankcard

Mailing Address 4000 Coral Ridge Drive

City Coral Springs State FL Zip Code 33065

Purpose of Disbursement Credit card (see below)

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 10 / 2014

Amount of Each Disbursement this Period: 4310.19

Transaction ID : D711402

Category/Type

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

Mailing Address 1707 Mount Vernon Ave

City Alexandria State VA Zip Code 22301-1721

Purpose of Disbursement Leased car maintenance

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 10 / 2014

Amount of Each Disbursement this Period: 28.00

Transaction ID : D711296

[MEMO ITEM]

Category/Type

Full Name (Last, First, Middle Initial)
c. Barnes & Noble

Mailing Address 3651 Jefferson Davis Hwy

City Alexandria State VA Zip Code 22305-3135

Purpose of Disbursement Research/Reference Materials

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 10 / 2014

Amount of Each Disbursement this Period: 78.18

Transaction ID : D711303

[MEMO ITEM]

Category/Type

SUBTOTAL of Disbursements This Page (optional) 4310.19

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 36 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Barnes & Noble		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 3651 Jefferson Davis Hwy		Amount of Each Disbursement this Period 44.78
City Alexandria	State VA	
Zip Code 22305-3135	Purpose of Disbursement Research/Reference Materials	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Various Stations		Amount of Each Disbursement this Period 47.00
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Various Stations		Amount of Each Disbursement this Period 46.00
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Hotel Monaco		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 480 King St		Amount of Each Disbursement this Period 572.13
City Alexandria	State VA	
Purpose of Disbursement Fundraising event expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Johnny's Half Shell		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 400 N. Capitol St. NW		Amount of Each Disbursement this Period 100.00
City Washington	State DC	
Purpose of Disbursement Fundraising/Catering deposit		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Johnny's Half Shell		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 400 N. Capitol St. NW		Amount of Each Disbursement this Period 290.00
City Washington	State DC	
Purpose of Disbursement Fundraising/Catering		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. New York Times Sales			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 122 E 42nd St			Amount of Each Disbursement this Period 64.40
City New York	State NY	Zip Code 10168-0001	
Purpose of Disbursement Subscription		Candidate Name	Transaction ID : D711315 [MEMO ITEM]
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) B. Portofino Restaurant			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 526 S. 23rd Street			Amount of Each Disbursement this Period 63.70
City Arlington	State VA	Zip Code 22202	
Purpose of Disbursement Meal		Candidate Name	Transaction ID : D711388 [MEMO ITEM]
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) c. Ruth's Chris Steak			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 2231 Crystal Dr			Amount of Each Disbursement this Period 2528.48
City Arlington	State VA	Zip Code 22202	
Purpose of Disbursement Fundraising/Catering		Candidate Name	Transaction ID : D711499 [MEMO ITEM]
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)		Category/ Type	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Washington Post		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1150 15th St NW		Amount of Each Disbursement this Period 55.60
City Washington	State DC	
Zip Code 20071-0001	Purpose of Disbursement Subscription	Transaction ID : D711291
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. First Bankcard		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 4000 Coral Ridge Drive		Amount of Each Disbursement this Period 3790.83
City Coral Springs	State FL	
Zip Code 33065	Purpose of Disbursement Credit card (see below)	Transaction ID : D711403
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. Aptix Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Dept. CH 17826		Amount of Each Disbursement this Period 82.60
City Palatine	State IL	
Zip Code 60055-7826	Purpose of Disbursement Website expense	Transaction ID : D711380
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3790.83
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 40 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Northern VA Democratic Business Council		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 8000 Towers Crescent Dr Ste 1700		Amount of Each Disbursement this Period 110.00
City Vienna	State VA Zip Code 22182-6200	
Purpose of Disbursement Event tickets	Candidate Name	Transaction ID : D711484
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 3301 Jefferson Davis Hwy		Amount of Each Disbursement this Period 67.08
City Alexandria	State VA Zip Code 22305-3044	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : D711276
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Target		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 12197 Sunset Hills Rd		Amount of Each Disbursement this Period 59.39
City Reston	State VA Zip Code 20190-3208	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : D711318
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 7.12
City Alexandria	State VA Zip Code 22301-1300	
Purpose of Disbursement Postage	Category/Type	Transaction ID : D711350 [MEMO ITEM]
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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 5.60
City Alexandria	State VA Zip Code 22301-1300	
Purpose of Disbursement Postage	Category/Type	Transaction ID : D711351 [MEMO ITEM]
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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 49.26
City Alexandria	State VA Zip Code 22301-1300	
Purpose of Disbursement Postage	Category/Type	Transaction ID : D711352 [MEMO ITEM]
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).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 2.92
City Alexandria	State VA Zip Code 22301-1300	
Purpose of Disbursement Postage	Category/Type	Transaction ID : D711353 [MEMO ITEM]
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. First Bankcard		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 4000 Coral Ridge Drive		Amount of Each Disbursement this Period 2498.79
City Coral Springs	State FL Zip Code 33065	
Purpose of Disbursement Credit card (see below)	Category/Type	Transaction ID : D711404
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. Barnes & Noble		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 3651 Jefferson Davis Hwy		Amount of Each Disbursement this Period 179.31
City Alexandria	State VA Zip Code 22305-3135	
Purpose of Disbursement Research/Reference Materials	Category/Type	Transaction ID : D711305 [MEMO ITEM]
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).....	2498.79
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 43 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address Various Stations		Amount of Each Disbursement this Period 49.00
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Gas	Transaction ID : D711322
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address Various Stations		Amount of Each Disbursement this Period 49.00
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Gas	Transaction ID : D711323
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Menus Catering		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 655 Taylor Street NE		Amount of Each Disbursement this Period 457.29
City Washington	State DC	
Zip Code 20017	Purpose of Disbursement Fundraising/Catering	Transaction ID : D711480
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 80	
	<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)
Moran for Congress

A. New York Times Sales

Full Name (Last, First, Middle Initial)
Mailing Address 122 E 42nd St

City New York State NY Zip Code 10168-0001

Purpose of Disbursement Subscription

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 64.40

Transaction ID : D711316

[MEMO ITEM]

B. Omni Richmond

Full Name (Last, First, Middle Initial)
Mailing Address 100 South 12th Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement Travel/Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 365.85

Transaction ID : D711489

[MEMO ITEM]

c. Shell Oil

Full Name (Last, First, Middle Initial)
Mailing Address Various stations

City Arlington State VA Zip Code 22201

Purpose of Disbursement Gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 39.95

Transaction ID : D711312

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address Various stations		Amount of Each Disbursement this Period 49.81
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Gas	Transaction ID : D711313
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address Various stations		Amount of Each Disbursement this Period 46.00
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Gas	Transaction ID : D711314
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. First Bankcard		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 4000 Coral Ridge Drive		Amount of Each Disbursement this Period 1735.65
City Coral Springs	State FL	
Zip Code 33065	Purpose of Disbursement Credit card (see below)	Transaction ID : D711405
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).....	1735.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Aptix Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address Dept. CH 17826		Amount of Each Disbursement this Period 82.60
City Palatine	State IL	
Zip Code 60055-7826		
Purpose of Disbursement Website expense		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. Aptix Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address Dept. CH 17826		Amount of Each Disbursement this Period 7.94
City Palatine	State IL	
Zip Code 60055-7826		
Purpose of Disbursement Website expense		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. Northern VA Democratic Business Council		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 8000 Towers Crescent Dr Ste 1700		Amount of Each Disbursement this Period 55.00
City Vienna	State VA	
Zip Code 22182-6200		
Purpose of Disbursement Event tickets		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).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Northern VA Democratic Business Council		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 8000 Towers Crescent Dr Ste 1700		Amount of Each Disbursement this Period 175.00
City Vienna	State VA Zip Code 22182-6200	
Purpose of Disbursement Event tickets	Candidate Name	Transaction ID : D711486
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Overwood		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 220 N Lee St		Amount of Each Disbursement this Period 101.25
City Alexandria	State VA Zip Code 22314-2602	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : D711375
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Portofino Restaurant		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 526 S. 23rd Street		Amount of Each Disbursement this Period 966.30
City Arlington	State VA Zip Code 22202	
Purpose of Disbursement Staff lunch	Candidate Name	Transaction ID : D711389
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 5.80
City Alexandria	State VA	
Zip Code 22301-1300	Purpose of Disbursement Postage	Transaction ID : D711354
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Postmaster		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 5.60
City Alexandria	State VA	
Zip Code 22301-1300	Purpose of Disbursement Postage	Transaction ID : D711355
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US Postmaster		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 92.80
City Alexandria	State VA	
Zip Code 22301-1300	Purpose of Disbursement Postage	Transaction ID : D711356
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 5.60
City Alexandria State VA Zip Code 22301-1300	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : D711357
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 5.60
City Alexandria State VA Zip Code 22301-1300	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : D711358
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. First Bankcard		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 4000 Coral Ridge Drive		Amount of Each Disbursement this Period 258.48
City Coral Springs State FL Zip Code 33065	Purpose of Disbursement Credit card (see below)	
Candidate Name	Category/Type	Transaction ID : D711406
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).....	258.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Washington Post		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 1150 15th St NW		Amount of Each Disbursement this Period 99.00
City Washington	State DC	
Zip Code 20071-0001	Purpose of Disbursement Subscription	Transaction ID : D711292
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. First Bankcard		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 4000 Coral Ridge Drive		Amount of Each Disbursement this Period 718.51
City Coral Springs	State FL	
Zip Code 33065	Purpose of Disbursement Credit card (see below)	Transaction ID : D711407
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. Aptix Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address Dept. CH 17826		Amount of Each Disbursement this Period 94.05
City Palatine	State IL	
Zip Code 60055-7826	Purpose of Disbursement Website expense	Transaction ID : D711383
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	718.51
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 51 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. FTD.com		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3113 Woodcreek Dr		Amount of Each Disbursement this Period 117.98
City Downers Grove	State IL Zip Code 60515-5420	
Purpose of Disbursement Flowers	Candidate Name	Transaction ID : D711427 [MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Northern VA Democratic Business Council		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 8000 Towers Crescent Dr Ste 1700		Amount of Each Disbursement this Period 55.00
City Vienna	State VA Zip Code 22182-6200	
Purpose of Disbursement Event tickets	Candidate Name	Transaction ID : D711487 [MEMO ITEM]
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:	Category/Type	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3301 Jefferson Davis Hwy		Amount of Each Disbursement this Period 10.59
City Alexandria	State VA Zip Code 22305-3044	
Purpose of Disbursement Office supplies	Candidate Name	Transaction ID : D711277 [MEMO ITEM]
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3301 Jefferson Davis Hwy		Amount of Each Disbursement this Period 13.80
City Alexandria	State VA	
Zip Code 22305-3044	Purpose of Disbursement Office supplies	Transaction ID : D711278
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 3301 Jefferson Davis Hwy		Amount of Each Disbursement this Period 53.98
City Alexandria	State VA	
Zip Code 22305-3044	Purpose of Disbursement Office supplies	Transaction ID : D711279
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 5.60
City Alexandria	State VA	
Zip Code 22301-1300	Purpose of Disbursement Postage	Transaction ID : D711359
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 1.40
City Alexandria	State VA	
Zip Code 22301-1300	Purpose of Disbursement Postage	Transaction ID : D711360
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 5.60
City Alexandria	State VA	
Zip Code 22301-1300	Purpose of Disbursement Postage	Transaction ID : D711361
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 5.60
City Alexandria	State VA	
Zip Code 22301-1300	Purpose of Disbursement Postage	Transaction ID : D711362
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 6.75
City Alexandria State VA Zip Code 22301-1300	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : D711363 [MEMO ITEM]
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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 11.45
City Alexandria State VA Zip Code 22301-1300	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : D711364 [MEMO ITEM]
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. First Bankcard		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 4000 Coral Ridge Drive		Amount of Each Disbursement this Period 1953.70
City Coral Springs State FL Zip Code 33065	Purpose of Disbursement Credit card (see below)	
Candidate Name	Category/Type	Transaction ID : D711408
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).....	1953.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Barnes & Noble		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 3651 Jefferson Davis Hwy		Amount of Each Disbursement this Period 80.14
City Alexandria	State VA	
Zip Code 22305-3135	Purpose of Disbursement Research/Reference materials	Transaction ID : D711966 [MEMO ITEM]
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. Barnes & Noble		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 3651 Jefferson Davis Hwy		Amount of Each Disbursement this Period 131.19
City Alexandria	State VA	
Zip Code 22305-3135	Purpose of Disbursement Research/Reference Materials	Transaction ID : D711970 [MEMO ITEM]
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. La Bergerie		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 218 N Lee St		Amount of Each Disbursement this Period 230.00
City Alexandria	State VA	
Zip Code 22314-2660	Purpose of Disbursement Meal	Transaction ID : D711973 [MEMO ITEM]
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).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. New York Times Sales			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 122 E 42nd St			Amount of Each Disbursement this Period 67.60
City New York	State NY	Zip Code 10168-0001	
Purpose of Disbursement Subscription		Candidate Name	Transaction ID : D711972
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)		Category/ Type	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) B. New York Times Sales			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 122 E 42nd St			Amount of Each Disbursement this Period 67.60
City New York	State NY	Zip Code 10168-0001	
Purpose of Disbursement Subscription		Candidate Name	Transaction ID : D711957
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)		Category/ Type	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) c. Rayburn Cafeteria			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address Rayburn HOB			Amount of Each Disbursement this Period 146.25
City Washington	State DC	Zip Code 20515	
Purpose of Disbursement Meal		Candidate Name	Transaction ID : D711960
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)		Category/ Type	[MEMO ITEM]
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address Various stations		Amount of Each Disbursement this Period 45.60
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Gas	Transaction ID : D711961
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address Various stations		Amount of Each Disbursement this Period 55.00
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Gas	Transaction ID : D711971
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. First Bankcard		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 4000 Coral Ridge Drive		Amount of Each Disbursement this Period 308.50
City Coral Springs	State FL	
Zip Code 33065	Purpose of Disbursement Credit card (see below)	Transaction ID : D711409
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).....	308.50
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 58 OF 80			
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Aptix Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address Dept. CH 17826		Amount of Each Disbursement this Period 94.05
City Palatine	State IL	
Purpose of Disbursement Website expense		
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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 7.63
City Alexandria	State VA	
Purpose of Disbursement Postage		
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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 5.60
City Alexandria	State VA	
Purpose of Disbursement Postage		
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).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 80	
	<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)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Margaret M. Willingham		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 306 Bishops Ct		Amount of Each Disbursement this Period 40.13
City Falls Church	State VA Zip Code 22046-3427	
Purpose of Disbursement Expenses (see below if itemized)		Transaction ID : D711476
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address PO Box 64268		Amount of Each Disbursement this Period 40.13
City Baltimore	State MD Zip Code 21264-4268	
Purpose of Disbursement Telephone expense		Transaction ID : D711308
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)	Category/ Type
State: District:		

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		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	40.13
TOTAL This Period (last page this line number only).....	89925.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Dr. Hisham Y. Altalib		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 11776 Stratford House Pl Apt 1403		Amount of Each Disbursement this Period -3750.00 Transaction ID : D711514
City Reston State VA Zip Code 20190-3385	Purpose of Disbursement 10/16/02 refund check voided	
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. Dr. Jamal M. Barzinji		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 11919 Safa Ct		Amount of Each Disbursement this Period -3750.00 Transaction ID : D711515
City Herndon State VA Zip Code 20170-2324	Purpose of Disbursement 10/16/02 refund check voided	
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. Mrs. Alexandra Metzner Braun		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 6374 Dockser Ter		Amount of Each Disbursement this Period 2600.00 Transaction ID : D711432
City Falls Church State VA Zip Code 22041-1305	Purpose of Disbursement Refund	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	-4900.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB20A

Transaction ID : D711514

The 10/16/2002 refund checks to Mr. Altalib, Mr. Mirza and Mr. Barzinji were made because the Committee was advised that the original contributions may have been in violation of the Federal Election Campaign Act. It has been determined that the contributions were not in violation of the Act and because the refund checks were never cashed by the individuals, they are now being voided.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 80	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Mr. John A. Braun		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 6374 Dockser Ter		Amount of Each Disbursement this Period 2600.00
City Falls Church	State VA Zip Code 22041-1305	
Purpose of Disbursement Refund	Candidate Name	Transaction ID : D711469
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. Tim Byrne		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2000 McKinney Ave Ste 1000		Amount of Each Disbursement this Period 2400.00
City Dallas	State TX Zip Code 75201-2027	
Purpose of Disbursement Refund	Candidate Name	Transaction ID : D711507
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. Mr. Stephen E. Carey		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 1411 Russell Rd		Amount of Each Disbursement this Period 2000.00
City Alexandria	State VA Zip Code 22301-2050	
Purpose of Disbursement Refund	Candidate Name	Transaction ID : D711502
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Susanna Carey		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 1411 Russell Rd		Amount of Each Disbursement this Period 2000.00 Transaction ID : D711417
City Alexandria	State VA	
Zip Code 22301-2050	Purpose of Disbursement Refund	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. Mr. John Carney		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 7621 Admiral Dr		Amount of Each Disbursement this Period 100.00 Transaction ID : D711470
City Alexandria	State VA	
Zip Code 22308-1071	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mr. Bernard H. Clineburg		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2707 N Wakefield St		Amount of Each Disbursement this Period 2400.00 Transaction ID : D711442
City Arlington	State VA	
Zip Code 22207-4130	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Gabriella Dominguez		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 2323 N Randolph St		Amount of Each Disbursement this Period 500.00 Transaction ID : D711425
City Arlington	State VA	
Zip Code 22207-3942	Purpose of Disbursement Refund	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. Mr. Albert J. Dwoskin		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 3201 Jermantown Rd Ste 700		Amount of Each Disbursement this Period 2600.00 Transaction ID : D711431
City Fairfax	State VA	
Zip Code 22030-2879	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. John D. Esselink		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2324 Algona Ct		Amount of Each Disbursement this Period 2600.00 Transaction ID : D711418
City Algonac	State MI	
Zip Code 48001-1155	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5700.00
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 65 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Hon. Victor H. Fazio		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 1333 New Hampshire Ave NW		Amount of Each Disbursement this Period 500.00 Transaction ID : D711509
City Washington State DC Zip Code 20036-1500	Purpose of Disbursement Refund	
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. Mr. Jeff B. Franzen		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 7786 Solitude Court		Amount of Each Disbursement this Period 2100.00 Transaction ID : D711468
City McLean State VA Zip Code 22102-2026	Purpose of Disbursement Refund	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mr. Sung Bin Im		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 11314 Walnut Creek Ct		Amount of Each Disbursement this Period 400.00 Transaction ID : D711319
City Oakton State VA Zip Code 22124-2044	Purpose of Disbursement Refund	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 66 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Ms. Jean M. Kitonis		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 9760 Tico Ln		Amount of Each Disbursement this Period 900.00 Transaction ID : D711467
City Bristow	State VA Zip Code 20136-1600	
Purpose of Disbursement Refund	Candidate Name	Category/Type
Office Sought: House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Benjamin Klein		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 1401 Kenwood Ave		Amount of Each Disbursement this Period 500.00 Transaction ID : D711426
City Alexandria	State VA Zip Code 22302-2315	
Purpose of Disbursement Refund	Candidate Name	Category/Type
Office Sought: House Senate 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. Mr. Basim M. Mansour		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 11191 Gunston Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : D711441
City Lorton	State VA Zip Code 22079	
Purpose of Disbursement Refund	Candidate Name	Category/Type
Office Sought: House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2400.00
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 67 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Mr. James M. McAleese Jr.		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 19595 Aberlour Ln		Amount of Each Disbursement this Period 1400.00 Transaction ID : D711466
City Leesburg	State VA	
Purpose of Disbursement Refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Dr. M. Yaqub Mirza		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 11922 Safa Ct		Amount of Each Disbursement this Period -3950.00 Transaction ID : D711516
City Herndon	State VA	
Purpose of Disbursement 10/16/02 refund check voided		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" 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. Ms. Heather Podesta		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2107 Wyoming Ave NW		Amount of Each Disbursement this Period 500.00 Transaction ID : D711424
City Washington	State DC	
Purpose of Disbursement Refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" 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).....	-2050.00
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 68 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Mr. John Knox Singleton		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 1500 Lincoln Cir Apt 323		Amount of Each Disbursement this Period 2400.00 Transaction ID : D711471
City Mc Lean	State VA	
Zip Code 22102-5865	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Van Coverden		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 4782 Wellesley Dr		Amount of Each Disbursement this Period 2000.00 Transaction ID : D711506
City Woodbridge	State VA	
Zip Code 22192-5730	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" 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. Ms. Glenda C White		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 102 S. Alfred St.		Amount of Each Disbursement this Period 2600.00 Transaction ID : D711458
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" 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).....	7000.00
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 69 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Ms. Glenda C White			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address 102 S. Alfred St.			Amount of Each Disbursement this Period 400.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : D711459	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Mr. Mark C. Williams			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 100 Cameron Station Blvd			Amount of Each Disbursement this Period 2600.00	
City Alexandria	State VA	Zip Code 22304-7737	Transaction ID : D711477	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Mr. Alan L. Wurtzel			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 2134 R St NW			Amount of Each Disbursement this Period 900.00	
City Washington	State DC	Zip Code 20008-1907	Transaction ID : D711430	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3900.00
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 70 OF 80			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Mr. Wayne Zandbergen		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 6222 Lakeview Dr		Amount of Each Disbursement this Period 150.00
City Falls Church	State VA	
Zip Code 22041-1321	Purpose of Disbursement Refund	Transaction ID : D711397
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	26700.00

**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 71 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial) AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AGSH&F CIVIC ACTION COMMITTEE)		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 1333 NEW HAMPSHIRE AVE., NW		Amount of Each Disbursement this Period 500.00	
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement Refund	Transaction ID : D711429	
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:			

B. Full Name (Last, First, Middle Initial) ALSTON & BIRD PAC		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address THE ATLANTIC BUILDING 950 F STREET, NW		Amount of Each Disbursement this Period 2500.00	
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement Refund	Transaction ID : D711396	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

C. Full Name (Last, First, Middle Initial) AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 1300 L STREET NW		Amount of Each Disbursement this Period 1000.00	
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Refund	Transaction ID : D711437	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	4000.00
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 72 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES APAC		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 1575 I STREET, NW		Amount of Each Disbursement this Period 3500.00 Transaction ID : D711439
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AUTOMOTIVE FREE INTERNATIONAL TRADE PAC		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 1625 PRINCE STREET SUITE 225		Amount of Each Disbursement this Period 5000.00 Transaction ID : D711428
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement Refund	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. BAE SYSTEMS INC. POLITICAL ACTION COMMITTEE (BAE SYSTEMS USA PAC)		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 1101 WILSON BLVD.		Amount of Each Disbursement this Period 2000.00 Transaction ID : D711440
City ARLINGTON	State VA	
Zip Code 22209	Purpose of Disbursement Refund	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10500.00
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 73 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : D711443

B. COMPUTER SCIENCES CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 3170 FAIRVIEW PARK DR.

City FALLS CHURCH State VA Zip Code 22042

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : D711446

C. DELOITTE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2014

Amount of Each Disbursement this Period: 2500.00

Transaction ID : D711453

SUBTOTAL of Disbursements This Page (optional) 8500.00

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 74 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. DYNCORP INTERNATIONAL LLC POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 3190 FAIRVIEW PKARK DRIVE		Amount of Each Disbursement this Period 2500.00 Transaction ID : D711455
City FALLS CHURCH State VA Zip Code 22042	Purpose of Disbursement Refund	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2941 FAIRVIEW PARK DR. SUITE 100		Amount of Each Disbursement this Period 5000.00 Transaction ID : D711457
City FALLS CHURCH State VA Zip Code 22042	Purpose of Disbursement Refund	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 101 CONSTITUTION AVE. NW SUITE 500 WEST		Amount of Each Disbursement this Period 3000.00 Transaction ID : D711463
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement Refund	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10500.00
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 75 OF 80
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial) HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTEE (SHIPPAC)		Date of Disbursement
Mailing Address 300 M STREET SE SUITE 350		M M / D D / Y Y Y Y 03 / 26 / 2014
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Refund	Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : D711464
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

B. Full Name (Last, First, Middle Initial) LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC		Date of Disbursement
Mailing Address 905 16TH ST., N.W. SECOND FLOOR		M M / D D / Y Y Y Y 03 / 26 / 2014
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement Refund	Amount of Each Disbursement this Period 4000.00
Candidate Name		Transaction ID : D711472
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

C. Full Name (Last, First, Middle Initial) LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE		Date of Disbursement
Mailing Address 2121 CRYSTAL DRIVE SUITE 100		M M / D D / Y Y Y Y 03 / 26 / 2014
City ARLINGTON State VA Zip Code 22202	Purpose of Disbursement Refund	Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : D711474
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	10500.00
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 76 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial) MANTECH INTERNATIONAL CORPORATION POLITICAL ACTION COMMITTEE (A.K.A MANTECH PAC)		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 12015 LEE JACKSON HIGHWAY SUITE 841		Amount of Each Disbursement this Period 5000.00 Transaction ID : D711475
City FAIRFAX State VA Zip Code 22033	Purpose of Disbursement Refund	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

B. Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 1727 KING ST SUITE 400		Amount of Each Disbursement this Period 3500.00 Transaction ID : D711481
City ALEXANDRIA State VA Zip Code 22311	Purpose of Disbursement Refund	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" 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:		

C. Full Name (Last, First, Middle Initial) NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 700 13TH STREET, NW SUITE 600		Amount of Each Disbursement this Period 5000.00 Transaction ID : D711483
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Refund	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13500.00
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 77 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. ORBITAL SCIENCES CORPORATION POLITICAL ACTION COMMITTEE (ORBPAC) Full Name (Last, First, Middle Initial) Mailing Address 21839 ATLANTIC BLVD. 4TH FLOOR City DULLES State VA Zip Code 20166 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014 Amount of Each Disbursement this Period 3500.00 Transaction ID : D711490
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B. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address 1100 WILSON BLVD SUITE 1500 City ARLINGTON State VA Zip Code 22209 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014 Amount of Each Disbursement this Period 4500.00 Transaction ID : D711496
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C. SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address 8301 GREENSBORO DRIVE MS E-12-5 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014 Amount of Each Disbursement this Period 5000.00 Transaction ID : D711500
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SUBTOTAL of Disbursements This Page (optional).....	13000.00
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 78 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. TURKISH COALITON USA PAC (TC-USA PAC)			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 1025 CONNECTICUT AVE SUITE 1000			Amount of Each Disbursement this Period 2750.00	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : D711368	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. UNISYS CORPORATION EMPLOYEES PAC			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 11720 PLAZA AMERICA DRIVE TOWER III			Amount of Each Disbursement this Period 1000.00	
City RESTON	State VA	Zip Code 20190	Transaction ID : D711508	
Purpose of Disbursement Refund		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	74250.00

**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 79 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. FRIENDS OF CHERI BUSTOS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement Contribution

Candidate Name **CHERI BUSTOS** Category/Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: IL District: 17

Date of Disbursement: 02 / 12 / 2014

Amount of Each Disbursement this Period: 2000.00
Transaction ID : D711444

B. DELBENE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 487

City BOTHELL State WA Zip Code 98041

Purpose of Disbursement Contribution

Candidate Name **SUZAN K DELBENE** Category/Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: WA District: 01

Date of Disbursement: 03 / 30 / 2014

Amount of Each Disbursement this Period: 1000.00
Transaction ID : D711451

C. PETERSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 26192 FLOYD LAKE POINT ROAD

City DETROIT LAKES State MN Zip Code 56502

Purpose of Disbursement Contribution

Candidate Name **COLLIN CLARK PETERSON** Category/Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: MN District: 07

Date of Disbursement: 03 / 13 / 2014

Amount of Each Disbursement this Period: 2000.00
Transaction ID : D711493

SUBTOTAL of Disbursements This Page (optional) 5000.00

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 80 OF 80	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

Full Name (Last, First, Middle Initial) A. Crohns & Colitis Foundation		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 10400 Little Patuxent # 270		Amount of Each Disbursement this Period 300.00
City Columbia	State MD Zip Code 21044	
Purpose of Disbursement Donation	Candidate Name	Transaction ID : D711390
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

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	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	5000.00