

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Scott 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))....	62699.50	511034.75
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	62699.50	511034.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23731.19	287573.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4724.98
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23731.19	282848.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	114410.52	
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).....	3191.43	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Scott for Congress

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
9150.00	105757.14	0.00
(ii) Unitemized		
3649.50	26170.97	0.00
(iii) Total of contributions from individuals		
12799.50	131928.11	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
49900.00	379106.64	1000.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 48

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
62699.50	511034.75	1000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	4724.98	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
62699.50	515759.73	1000.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Scott for Congress

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="23731.19"/>	<input type="text" value="287573.83"/>	<input type="text" value="10131.97"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 48

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

76400.00	179600.00	1000.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

100131.19	467173.83	11131.97
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

62699.50	511034.75	1000.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

23731.19	282848.85	10131.97
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	151842.21
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	62699.50
25. SUBTOTAL (add Line 23 and Line 24).....	214541.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100131.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	114410.52

**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 48
	<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)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
Kenneth C. Alexander

Mailing Address 5353 Stuart Ct

City Norfolk State VA Zip Code 23502-4459

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

Name of Employer Metropolitan Funeral Home/Va. General Occupation President/ Member

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2014

Transaction ID : C10568310

Amount of Each Receipt this Period
250.00

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

Mailing Address 1579 Forest Villa Ln

City Mc Lean State VA Zip Code 22101-4132

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

Name of Employer Capitol Hill Strategies, LLC Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10576925

Amount of Each Receipt this Period
500.00

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

Mailing Address 1301 Masters Ct

City Chesapeake State VA Zip Code 23320-9451

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2014

Transaction ID : C10568328

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
Nicole C. Collier

Mailing Address 3235 Fort Lincoln Dr NE

City Washington State DC Zip Code 20018-4316

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

Name of Employer Podesta Group Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10576926

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Nancy D Ennis

Mailing Address 809 Water Fowl Dr

City Yorktown State VA Zip Code 23692-3179

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

Name of Employer Patient Advocate Foundation Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : C10554474

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Terry E. Hall

Mailing Address 109 Port Cv

City Yorktown State VA Zip Code 23693-2316

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

Name of Employer County of York Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10551011

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
Robert S. Harold Sr.

Mailing Address 2 Sugarberry Run

City Hampton State VA Zip Code 23669-1073

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

Name of Employer Parker Realty & Associates Occupation Real Estate Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : C10576890

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Melvin R. Johnson

Mailing Address 5204 Commodore Blf

City Suffolk State VA Zip Code 23435-3506

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

Name of Employer Correct Care Solutions, LLC Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : C10576894

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1129 Crystalwood Cir

City Chesapeake State VA Zip Code 23320-5120

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2014

Transaction ID : C10568315

Amount of Each Receipt this Period
300.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
Gerard Leeds

Mailing Address 17 Hilltop Dr W

City State Zip Code
Great Neck NY 11021-1140

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : C10544991

Amount of Each Receipt this Period
500.00

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

Mailing Address 17 Hilltop Dr W

City State Zip Code
Great Neck NY 11021-1140

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : C10544992

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Betty N. Levin

Mailing Address 608 River Rd

City State Zip Code
Newport News VA 23601-3911

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : C10554468

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Scott for Congress

Full Name (Last, First, Middle Initial) Donna Malvin		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 21 Yeardeleys Grant		Transaction ID : C10541702
City Williamsburg	State VA	Zip Code 23185-6529
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer retired	Occupation retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Monty Mason		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO Box 232		Transaction ID : C10551017
City Williamsburg	State VA	Zip Code 23187-0232
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Visa, Inc	Occupation Senior Director	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Carolyn B. Morgan		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 144 Holly Hills Dr		Transaction ID : C10551005
City Williamsburg	State VA	Zip Code 23185-3386
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Professor	Occupation Hampton University	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 48
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
Jennifer Tierney

Mailing Address 2824 Linden Ln

City Williamsburg State VA Zip Code 23185-8023

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

Name of Employer Self Occupation Political Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10551013

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2910 Montrose Ave

City Richmond State VA Zip Code 23222-3535

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10576920

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Hans von Baeyer

Mailing Address 10321 Alpine Rd

City Providence Forge State VA Zip Code 23140-2406

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

Name of Employer Retired Occupation Physicist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : C10542503

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
Ella P. Ward

Mailing Address 1517 Pine Grove Ln

City Chesapeake State VA Zip Code 23321-1800

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

Name of Employer N/A Occupation Retired Educator/City Council

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : C10554460

Amount of Each Receipt this Period
 _____ 100.00

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

Mailing Address 1050 17th Street NW; Suite 220

City Washington State DC Zip Code 20036

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

Name of Employer DiMA Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : C10592614A

Amount of Each Receipt this Period
 _____ 500.00

* Earmarked Contribution: See Below

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

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1144.50

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : C10592614AB

Amount of Each Receipt this Period
 _____ 500.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

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

_____ 600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
Paul A. Brathwaite

Mailing Address 13102 Jordans Endeavor, Drive

City State Zip Code
Bowie MD 20720-3393

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

Name of Employer Occupation
The Podesta Group Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 25 / 2014

Transaction ID : C10576903A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1144.50

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : C10576903AB

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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).....

500.00

9150.00

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

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

FOR LINE NUMBER: PAGE 15 OF 48
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
AKIN, GUMP, STRAUSS, HAUER & FELD LLP CIVIC ACTION

Mailing Address 1333 New Hampshire Ave NW
Ste 400

City Washington State DC Zip Code 20036-1532

FEC ID number of contributing federal political committee. **C C00104901**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : C10576940

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
APOLLO EDUCATION GROUP INC. POLITICAL ORGANIZATION FOR LEGISLATIVE LEADERSHIP

Mailing Address 4025 S. RIVERPOINT PKWY
MS CF-KX10

City PHOENIX State AZ Zip Code 85040

FEC ID number of contributing federal political committee. **C C00309781**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : C10580526

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
CITIGROUP INC. POLITICAL ACTION COMMITTEE-FEDERAL

Mailing Address 1101 Pennsylvania Ave NW
Ste 1000

City Washington State DC Zip Code 20004-2523

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : C10577301

Amount of Each Receipt this Period
2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 48
	<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)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
DEVRY INC POLITICAL ACTION COMMITTEE

Mailing Address 3005 HIGHLAND PARKWAY

City State Zip Code
DOWNERS GROVE IL 60515

FEC ID number of contributing federal political committee. **C C00198606**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 07 / 2014

Transaction ID : C10598013

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FINANCIAL SERVICES INSTITUTE PAC

Mailing Address 607 14TH ST NW
SUITE 750

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00409714**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : C10592634

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
International Brotherhood Of Electrical Workers Co

Mailing Address 900 7th St NW

City State Zip Code
Washington DC 20001-3886

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10580530

Amount of Each Receipt this Period
5000.00

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 17 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Mailing Address 905 16TH ST., N.W.
SECOND FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C10576933

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 2121 CRYSTAL DRIVE
SUITE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : C10544362

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE

Mailing Address 714 Green Valley Rd

City Greensboro State NC Zip Code 27408-7018

FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : C10568481

Amount of Each Receipt this Period
1000.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 48
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE

Mailing Address 714 Green Valley Rd

City Greensboro State NC Zip Code 27408-7018

FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10576945

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mamye Bacote For House Of Delegates

Mailing Address PO Box 5154

City Newport News State VA Zip Code 23605-0154

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 200.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10551021

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
MCDONALDS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 2111 McDonalds Dr
Dept 213

City OAK BROOK State IL Zip Code 60523

FEC ID number of contributing federal political committee. **C** C00063164

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : C10568355

Amount of Each Receipt this Period
 1500.00

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

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

2700.00

**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 19 OF 48
	<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)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
MECHANICAL CONTRACTORS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (MCA-PAC)

Mailing Address 1385 PICCARD DRIVE

City State Zip Code
ROCKVILLE MD 20850

FEC ID number of contributing federal political committee. **C** C00343590

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : C10576935

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PAC)

Mailing Address 606 NORTH WASHINGTON STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : C10576939

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : C10580535

Amount of Each Receipt this Period
3500.00

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

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

7000.00

**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 20 OF 48
	<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)
Scott for Congress

A. National Beer Wholesalers Association

Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association

Mailing Address 1101 King Street
Suite 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

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
 10 / 27 / 2014

Transaction ID : C10568365

Amount of Each Receipt this Period
2500.00

B. National Cable And Telecommunications Association

Full Name (Last, First, Middle Initial)
National Cable And Telecommunications Association

Mailing Address 1724 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1918

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10576941

Amount of Each Receipt this Period
1000.00

C. NATIONAL RESTAURANT ASSOCIATION PAC (RESTAURANT PAC)

Full Name (Last, First, Middle Initial)
NATIONAL RESTAURANT ASSOCIATION PAC (RESTAURANT PAC)

Mailing Address 2055 L STREET, NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003764

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
 10 / 22 / 2014

Transaction ID : C10554906

Amount of Each Receipt this Period
5000.00

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

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

8500.00

**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 21 OF 48
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. OHIO GROCERS ASSOCIATION OHIO FOOD PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 3280 RIVERSIDE DRIVE SUITE 10		Transaction ID : C10576943
City COLUMBUS	State OH	
FEC ID number of contributing federal political committee. C C00227397		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) B. Sheet Metal Workers' International Association Pol		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 1750 New York Ave NW		Transaction ID : C10568476
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00007542		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) C. Sheet Metal Workers' International Association Pol		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 1750 New York Ave NW		Transaction ID : C10576936
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00007542		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 48
	<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)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
Spruill-House of Delegates

Mailing Address **PO Box 5403**

City **Chesapeake** State **VA** Zip Code **23324-0403**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : C10554463

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
THOMPSON COBURN POLITICAL ACTION COMMITTEE

Mailing Address **1909 K STREET NW
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00550491**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C10576918

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
United Food & Commercial Workers, Active Ballot CI

Mailing Address **1775 K Street, N.w.**

City **Washington** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00002766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **6000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : C10592599

Amount of Each Receipt this Period
1000.00

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

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

3700.00

**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 23 OF 48
	<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)
Scott for Congress

A. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES

Mailing Address 1300 I ST NW
STE 400 WEST

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10576938

Amount of Each Receipt this Period
1000.00

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).....

1000.00

49900.00

**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 24 OF 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. AAAA Storage		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 810-79th Street		Amount of Each Disbursement this Period 96.00
City Newport News	State VA	
Zip Code 23605		
Purpose of Disbursement Storage fee		Category/ Type 001
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. AAAA Storage		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 810-79th Street		Amount of Each Disbursement this Period 96.00
City Newport News	State VA	
Zip Code 23605		
Purpose of Disbursement Storage fee		Category/ Type 001
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. Affordable Printing		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1926 E Pembroke Ave		Amount of Each Disbursement this Period 160.06
City Hampton	State VA	
Zip Code 23663-1326		
Purpose of Disbursement Printing		Category/ Type 003
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).....	352.06
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 25 OF 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Allied Waste Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 124 Greene Dr		Amount of Each Disbursement this Period 115.77 Transaction ID : D737404
City Yorktown	State VA Zip Code 23692-4800	
Purpose of Disbursement Trash container rental	Category/Type 001	
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. Cox Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO Box 183124		Amount of Each Disbursement this Period 88.75 Transaction ID : D737402
City Columbus	State OH Zip Code 43218-3124	
Purpose of Disbursement Cable	Category/Type 001	
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. Cox Communications		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address PO Box 183124		Amount of Each Disbursement this Period 88.75 Transaction ID : D738724
City Columbus	State OH Zip Code 43218-3124	
Purpose of Disbursement Cable	Category/Type 001	
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).....	293.27
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 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Ms. Cynthia Downs-Taylor		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1025 Porte Harbour Arch		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737717
City Hampton	State VA Zip Code 23664-1550	
Purpose of Disbursement Consulting fee	Category/Type 001	
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. Erickson and Company		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 188.97 Transaction ID : D737714
City Washington	State DC Zip Code 20003-4006	
Purpose of Disbursement Catering	Category/Type 003	
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. Erickson and Company		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 3234.25 Transaction ID : D737407
City Washington	State DC Zip Code 20003-4006	
Purpose of Disbursement Consulting fee & mailing expenses	Category/Type 001	
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).....	4423.25
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 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Farm Fresh Super Market		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 2190 Coliseum Dr		Amount of Each Disbursement this Period 233.62 Transaction ID : D737422
City Hampton	State VA Zip Code 23666-5960	
Purpose of Disbursement Food for reception	Category/Type 003	
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. First Data		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 19.02 Transaction ID : D741715
City Fort Lauderdale	State FL Zip Code 33340-7066	
Purpose of Disbursement Service/Interchange fee	Category/Type 001	
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. First Data		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 407066		Amount of Each Disbursement this Period 63.37 Transaction ID : D741716
City Fort Lauderdale	State FL Zip Code 33340-7066	
Purpose of Disbursement Service/Discount	Category/Type 001	
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).....	316.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 48			
	<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)
Scott for Congress

A. First Data

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 407066

City Fort Lauderdale State FL Zip Code 33340-7066

Purpose of Disbursement Service fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 124.31

Transaction ID : D741718

Category/Type: 001

B. Hampton NAACP

Full Name (Last, First, Middle Initial)
Mailing Address 1108 Mary Peake Blvd

City Hampton State VA Zip Code 23666-4550

Purpose of Disbursement Ad & Tickets

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2014

Amount of Each Disbursement this Period: 425.00

Transaction ID : D738717

Category/Type: 001

c. Ms. Joni L. Ivey

Full Name (Last, First, Middle Initial)
Mailing Address 918 Christopher Pl

City Newport News State VA Zip Code 23607-6430

Purpose of Disbursement Mileage & lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 14 / 2014

Amount of Each Disbursement this Period: 200.20

Transaction ID : D738721

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 749.51

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 29 OF 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Ms. Joni L. Ivey		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 918 Christopher Pl		Amount of Each Disbursement this Period 203.84
City Newport News	State VA	Zip Code 23607-6430
Purpose of Disbursement Mileage	Category/ Type 002	
Candidate Name		Transaction ID : D737415
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. Ms. Joni L. Ivey		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 918 Christopher Pl		Amount of Each Disbursement this Period 262.40
City Newport News	State VA	Zip Code 23607-6430
Purpose of Disbursement Lodging	Category/ Type 002	
Candidate Name		Transaction ID : D737416
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. Jazz Legacy Foundation		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 3336 Courtney Rd		Amount of Each Disbursement this Period 180.00
City Portsmouth	State VA	Zip Code 23703-4010
Purpose of Disbursement Tickets	Category/ Type 001	
Candidate Name		Transaction ID : D738722
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).....	646.24
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 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Foundation Omega Lambda Omega			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO Box 120273			Amount of Each Disbursement this Period 250.00 Transaction ID : D737418
City Newport News	State VA	Zip Code 23612-0273	
Purpose of Disbursement Sponsorship	Candidate Name		Category/ Type 012
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. Foundation Omega Lambda Omega			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO Box 120273			Amount of Each Disbursement this Period 180.00 Transaction ID : D737421
City Newport News	State VA	Zip Code 23612-0273	
Purpose of Disbursement Tickets	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. Locke For Senate			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 3006			Amount of Each Disbursement this Period 150.00 Transaction ID : D737465
City Hampton	State VA	Zip Code 23663-0006	
Purpose of Disbursement Table Tickets	Candidate Name		Category/ Type 001
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).....	580.00
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 31 OF 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Portsmouth NAACP		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 3878		Amount of Each Disbursement this Period 250.00 Transaction ID : D737710
City Portsmouth	State VA	
Zip Code 23701-0878	Purpose of Disbursement Ad	Category/ Type 001
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. Promotional Considerations		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 6500 Dickens Pl		Amount of Each Disbursement this Period 6481.87 Transaction ID : D739182
City Richmond	State VA	
Zip Code 23230-2002	Purpose of Disbursement Campaign Material	Category/ Type 001
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. SUZANNE PATRICK FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 3095		Amount of Each Disbursement this Period 500.00 Transaction ID : D737456
City VIRGINIA BEACH	State VA	
Zip Code 23454	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name SUZANNE D PATRICK	Office Sought: <input checked="" 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: VA District: 02	

SUBTOTAL of Disbursements This Page (optional).....	7231.87
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 32 OF 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. The New Journal and Guide		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 5127 E Virginia Beach Blvd		Amount of Each Disbursement this Period 63.00
City Norfolk	State VA Zip Code 23502-3412	
Purpose of Disbursement Newspaper subscription	Category/Type	Transaction ID : D738719
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. TIM BISHOP FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 437		Amount of Each Disbursement this Period 1000.00
City FARMINGVILLE	State NY Zip Code 11738	
Purpose of Disbursement Contribution	Category/Type 011	Transaction ID : D737448
Candidate Name TIMOTHY BISHOP		
Office Sought: <input checked="" 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: NY District: 01		

Full Name (Last, First, Middle Initial) c. TSO Newport Maritime, LP The Simpson Organization, Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1401 Peachtree St NE Ste 400		Amount of Each Disbursement this Period 477.71
City Atlanta	State GA Zip Code 30309-3041	
Purpose of Disbursement Rent	Category/Type 001	Transaction ID : D736122
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).....	1540.71
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 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 101 25th St		Amount of Each Disbursement this Period 68.99
City Newport News	State VA	
Zip Code 23607-9998	Purpose of Disbursement Postage	Transaction ID : D737419
Candidate Name	001 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. U.S. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 101 25th St		Amount of Each Disbursement this Period 68.99
City Newport News	State VA	
Zip Code 23607-9998	Purpose of Disbursement Postage	Transaction ID : D738723
Candidate Name	001 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. U.S. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 101 25th St		Amount of Each Disbursement this Period 39.98
City Newport News	State VA	
Zip Code 23607-9998	Purpose of Disbursement Postage	Transaction ID : D737709
Candidate Name	001 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).....	177.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 48	
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. United Network for Organ Sharing		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 700 N 4th St		Amount of Each Disbursement this Period 250.00
City Richmond	State VA	Zip Code 23219-1414
Purpose of Disbursement Donation	Category/Type 012	
Candidate Name		Transaction ID : D737689
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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 214.79
City Worcester	State MA	Zip Code 01615-0023
Purpose of Disbursement Cell phone	Category/Type 001	
Candidate Name		Transaction ID : D738718
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. Verizon		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address PO Box 17398		Amount of Each Disbursement this Period 382.43
City Baltimore	State MD	Zip Code 21297-0429
Purpose of Disbursement Office phone	Category/Type 001	
Candidate Name		Transaction ID : D738726
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).....	847.22
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 35 OF 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO Box 17398		Amount of Each Disbursement this Period 350.92
City Baltimore	State MD	
Zip Code 21297-0429	Purpose of Disbursement Office phone	Transaction ID : D737400
Candidate Name	001 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. Mr. Sean Williamson		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 337 47th St		Amount of Each Disbursement this Period 19.99
City Newport News	State VA	
Zip Code 23607-2507	Purpose of Disbursement Reimbursement for postage	Transaction ID : D737420
Candidate Name	001 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. Sean Williamson		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 337 47th St		Amount of Each Disbursement this Period 161.00
City Newport News	State VA	
Zip Code 23607-2507	Purpose of Disbursement Food for reception	Transaction ID : D737423
Candidate Name	003 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).....	531.91
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 36 OF 48	
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Mr. Sean Williamson		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 337 47th St		Amount of Each Disbursement this Period 2203.80
City Newport News	State VA	
Zip Code 23607-2507		
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capital One		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address PO Box 85617		Amount of Each Disbursement this Period 477.59
City Richmond	State VA	
Zip Code 23285-5617		
Purpose of Disbursement Credit card payment		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. Chic A Sea		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 2702 Chestnut Ave		Amount of Each Disbursement this Period 19.42
City Newport News	State VA	
Zip Code 23607-4220		
Purpose of Disbursement Lunch for Poll Workers		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).....	2681.39
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 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 254.20
City Dallas	State TX	
Zip Code 75235-1647		
Purpose of Disbursement Airline ticket		Category/ Type 002
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. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 25.00
City Dallas	State TX	
Zip Code 75235-1647		
Purpose of Disbursement Bag fee		Category/ Type 002
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. Capital One		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2014
Mailing Address PO Box 85617		Amount of Each Disbursement this Period 1253.35
City Richmond	State VA	
Zip Code 23285-5617		
Purpose of Disbursement Credit card payment		Category/ Type 001
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).....	1253.35
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 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 18.75
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement Agent fee	Transaction ID : D741729 [MEMO ITEM]
Candidate Name	002 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. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 717.20
City Atlanta State GA Zip Code 30320-6001	Purpose of Disbursement Airline ticket	Transaction ID : D741730 [MEMO ITEM]
Candidate Name	002 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. U. S. Airways		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 490.40
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airline ticket	Transaction ID : D741727 [MEMO ITEM]
Candidate Name	002 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).....	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 48		
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Capital One		M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO Box 85617		Amount of Each Disbursement this Period
City Richmond State VA Zip Code 23285-5617		1121.25
Purpose of Disbursement Credit card payment		Transaction ID : D741731
Candidate Name		Category/Type 001
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Capital One		M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 85617		Amount of Each Disbursement this Period
City Richmond State VA Zip Code 23285-5617		277.67
Purpose of Disbursement Interest		Transaction ID : D741748
Candidate Name		Category/Type 001
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Harris Teeter #282		M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1350 Potomac Avenue, S. E.		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20003		106.98
Purpose of Disbursement Food for reception		Transaction ID : D741744
Candidate Name		Category/Type 003
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	1121.25
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 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Party City		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 12134 Jefferson Ave		Amount of Each Disbursement this Period 236.53
City Newport News	State VA Zip Code 23602-6908	
Purpose of Disbursement Supplies for reception	Candidate Name	Transaction ID : D741746 [MEMO ITEM]
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 003	

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

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input 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).....	22745.97

**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 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT BRIAN REESE FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address P.O. BOX 6103		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737462
City SAVANNAH State GA Zip Code 31414	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name BRIAN CORWIN REESE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: GA District: 01		

Full Name (Last, First, Middle Initial) B. CAROL SHEA-PORTER FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address P.O. Box 453		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737447
City Rochester State NH Zip Code 03866	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Carol Shea-Porter	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NH District: 01		

Full Name (Last, First, Middle Initial) c. Dance for Senate		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 28A W Old St P.O. Box 2584		Amount of Each Disbursement this Period 400.00 Transaction ID : D737413
City Petersburg State VA Zip Code 23803-3222	Purpose of Disbursement Donation 012 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 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 42 OF 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 430 S Capitol St SE		Amount of Each Disbursement this Period 50000.00
City Washington State DC Zip Code 20003-4024	Purpose of Disbursement Dues	
Candidate Name	Category/Type	Transaction ID : D737414
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. Democratic Congressional Campaign Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 430 S Capitol St SE		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003-4024	Purpose of Disbursement Dues	
Candidate Name	Category/Type 011	Transaction ID : D737468
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. Donna Christensen for Governor		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 6031 Questa Verde		Amount of Each Disbursement this Period 1000.00
City St. Croix State VI Zip Code 00820	Purpose of Disbursement Contribution	
Candidate Name	Category/Type 011	Transaction ID : D737691
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).....	61000.00
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 43 OF 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. Donna Christensen for Governor		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 6031 Questa Verde		Amount of Each Disbursement this Period 1000.00 Transaction ID : D738720
City St. Croix	State VI Zip Code 00820	
Purpose of Disbursement Contribution	011	
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. FAUSZ FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 11625 WILTON DR		Amount of Each Disbursement this Period 500.00 Transaction ID : D737463
City CHESTER	State VA Zip Code 23831	
Purpose of Disbursement Contribution	011	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: VA District: 04		

Full Name (Last, First, Middle Initial) C. HENRY LAWRENCE FOR CONGRESS LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 2205 TALLEVAST RD SUITE 1204		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737460
City TALLEVAST	State FL Zip Code 34270	
Purpose of Disbursement Contribution	011	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: FL District: 16		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
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 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. HORSFORD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 6100 ELTON AVE, SUITE 1000		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737688
City LAS VEGAS State NV Zip Code 89107	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name STEVEN ALEXZANDER HORSFORD		
Office Sought: <input checked="" 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: NV District: 04		

Full Name (Last, First, Middle Initial) B. JAMIE MAYO FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 318 KING OAKS DR		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737454
City MONROE State LA Zip Code 71202	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name		
Office Sought: <input checked="" 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: LA District:		

Full Name (Last, First, Middle Initial) C. JOHN FOUST FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 962		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737453
City MCLEAN State VA Zip Code 22101	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name JOHN FOUST		
Office Sought: <input checked="" 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: VA District: 10		

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 45 OF 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. LOEBSACK FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 3013		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737451
City IOWA CITY State IA Zip Code 52244	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name DAVID WAYNE LOEBSACK		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737446
Office Sought: <input checked="" 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: IA District: 02		

Full Name (Last, First, Middle Initial) B. MIKE HONDA FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC 123 E. SAN CARLOS ST., #531		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737446
City SAN JOSE State CA Zip Code 95112	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name MIKE HONDA		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737712
Office Sought: <input checked="" 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: CA District: 17		

Full Name (Last, First, Middle Initial) C. KEEP NICK RAHALL IN CONGRESS COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P O BOX 64		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737712
City BECKLEY State WV Zip Code 25801	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name NICK J. II RAHALL		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737712
Office Sought: <input checked="" 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: WV District: 03		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

**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 46 OF 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 1041		Amount of Each Disbursement this Period 1000.00
City BRAINERD State MN Zip Code 56401	Purpose of Disbursement Contribution 011	Transaction ID : D737442
Candidate Name RICHARD MICHAEL NOLAN	Office Sought: <input checked="" 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: MN District: 08	

Full Name (Last, First, Middle Initial) B. NORM MOSHER FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 27 VIRGINIA ROAD PO BOX 369		Amount of Each Disbursement this Period 500.00
City IRVINGTON State VA Zip Code 22480	Purpose of Disbursement Contribution 011	Transaction ID : D737464
Candidate Name NORMAN GARDNER MOSHER	Office Sought: <input checked="" 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: VA District: 01	

Full Name (Last, First, Middle Initial) C. RON BARBER FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 57715		Amount of Each Disbursement this Period 1000.00
City TUCSON State AZ Zip Code 85732	Purpose of Disbursement Contribution 011	Transaction ID : D737443
Candidate Name RONALD BARBER	Office Sought: <input checked="" 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: AZ District: 02	

SUBTOTAL of Disbursements This Page (optional).....	2500.00
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 48			
	<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)
Scott for Congress

Full Name (Last, First, Middle Initial) A. DINA TITUS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 3711 East Sunset Road Suite C5		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737441
City Las Vegas State NV Zip Code 89120	Purpose of Disbursement Donation 011 Category/Type	
Candidate Name Dina Titus	Office Sought: <input checked="" 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: NV District: 03		

Full Name (Last, First, Middle Initial) B. TRAMMELL FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO BOX 6206		Amount of Each Disbursement this Period 1000.00 Transaction ID : D737459
City RICHMOND State VA Zip Code 23230	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name JOHN K TRAMMELL	Office Sought: <input checked="" 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: VA District: 07		

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).....	2000.00
TOTAL This Period (last page this line number only).....	76400.00

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

NAME OF COMMITTEE (In Full)
Scott for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Democratic Party of Virginia		Nature of Debt (Purpose): GOTV calls
Mailing Address 1710 E Franklin St		
City	State	Zip Code
Richmond	VA	23223-7025

Outstanding Balance Beginning This Period	Transaction ID : D489671	
<input type="text" value="2500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Numark Gallery		Nature of Debt (Purpose): Rental
Mailing Address 625 E St NW		
City	State	Zip Code
Washington	DC	20004-2204

Outstanding Balance Beginning This Period	Transaction ID : D765	
<input type="text" value="500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Promotional Considerations		Nature of Debt (Purpose): Yard Signs
Mailing Address 6500 Dickens Pl		
City	State	Zip Code
Richmond	VA	23230-2002

Outstanding Balance Beginning This Period	Transaction ID : D209571	
<input type="text" value="191.43"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="191.43"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="3191.43"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="3191.43"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="3191.43"/>