

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
**SUZANNE SCHOLTE FOR CONGRESS**

ADDRESS (number and street) 6312 SEVEN CORNERS CENTER #167  
Check if different than previously reported. (ACC) FALLS CHURCH VA 22044

2. **FEC IDENTIFICATION NUMBER** ▼ C C00554147 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
VA 11

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
01 / 01 / 2015 through 03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mauricio Tamargo - Treasurer  
Signature of Treasurer Mauricio Tamargo - Treasurer *[Electronically Filed]* Date M M / D D / Y Y Y Y  
04 / 14 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**SUZANNE SCHOLTE 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))....	4455.00	42111.00
(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)).....	4455.00	42111.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5798.48	38581.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5798.48	38581.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9406.72	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	13000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**SUZANNE SCHOLTE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3125.00	34574.00
(ii) Unitemized.....	1330.00	7537.00
(iii) TOTAL of contributions from individuals ▶	4455.00	42111.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4455.00	42111.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	20000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	20000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4455.00	62111.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5798.48	38581.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5798.48	38581.63

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10750.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4455.00
25. SUBTOTAL (add Line 23 and Line 24).....	15205.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5798.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9406.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 16
	<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)  
**SUZANNE SCHOLTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Michael W. Albin**

Mailing Address 5603 Ventnor Lane

City Springfield State VA Zip Code 22151

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 **547.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 30 / 2015**

**Transaction ID : SA11AI.7799**

Amount of Each Receipt this Period  
**50.00**  
 Campaign Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Linda Bartlett**

Mailing Address 4316 Wakefield Drive

City Annandale State VA Zip Code 22003

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 **830.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 29 / 2015**

**Transaction ID : SA11AI.7819**

Amount of Each Receipt this Period  
**50.00**  
 Campaign Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Gwen F Cody**

Mailing Address 3703 King Arthur Road

City Annandale State VA Zip Code 22003

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

Name of Employer Self Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **815.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 30 / 2015**

**Transaction ID : SA11AI.7792**

Amount of Each Receipt this Period  
**25.00**  
 Campaign Political Contribution

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

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

**125.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**SUZANNE SCHOLTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Tom Deputy**

Mailing Address 485 Harbor Side Street, Apt.502

City Woodbridge State VA Zip Code 22191

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

Name of Employer Bay Motel Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : SA11AI.7796**

Amount of Each Receipt this Period  
 100.00  
 Campaign Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Dietz**

Mailing Address 8610 Groveland Drive

City Springfield State VA Zip Code 22153

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  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2015

**Transaction ID : SA11AI.7826**

Amount of Each Receipt this Period  
 25.00  
 Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Linda K Douglas**

Mailing Address 11810 Grey Birch Place

City Reston State VA Zip Code 20191

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : SA11AI.7795**

Amount of Each Receipt this Period  
 200.00  
 Campaign Political Contribution

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

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

325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<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)  
**SUZANNE SCHOLTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Harrison**

Mailing Address 7442 Spring Village Drive

City Springfield State VA Zip Code 22150

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015

**Transaction ID : SA11AI.7803**

Amount of Each Receipt this Period  
100.00  
Campaign Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Victor Edwin Kelly**

Mailing Address 14218 Sycamore Drive

City Dinwiddie State VA Zip Code 23841

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

Name of Employer Supply Center Richmond Occupation ITEM Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2015

**Transaction ID : SA11AI.7797**

Amount of Each Receipt this Period  
100.00  
Campaign Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Young Leigh**

Mailing Address 8891 Windy Ridge Way

City McLean State VA Zip Code 22102

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

Name of Employer Red, White & Blue LLC Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2015

**Transaction ID : SA11AI.7783**

Amount of Each Receipt this Period  
1000.00  
Campaign Political Contribution

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

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

1200.00

**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 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Eugene McCarthy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 21 / 2015	
Mailing Address 8940 Walker Street		<b>Transaction ID : SA11AI.7837</b>	
City State Zip Code Fairfax VA 22032	Amount of Each Receipt this Period Campaign Contribution 100.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Campaign Contribution 500.00		
Name of Employer Occupation World Bank Energy Consultant	Election Cycle-to-Date 500.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Stephen G McCarty</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2015	
Mailing Address 5227 Tooley Court		<b>Transaction ID : SA11AI.7818</b>	
City State Zip Code Fairfax VA 22032	Amount of Each Receipt this Period Campaign Political Contribution 100.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Campaign Political Contribution 850.00		
Name of Employer Occupation US Army Civil Servant	Election Cycle-to-Date 850.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Miklos Nagy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 09 / 2015	
Mailing Address 6806 Sprucedale Court		<b>Transaction ID : SA11AI.7787</b>	
City State Zip Code Annandale VA 22003	Amount of Each Receipt this Period Campaign Political Contribution 50.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Campaign Political Contribution 301.00		
Name of Employer Occupation Retired Retired	Election Cycle-to-Date 301.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	250.00



**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 16
	<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)  
**SUZANNE SCHOLTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Miklos Nagy**

Mailing Address 6806 Sprucedale Court

City Annandale State VA Zip Code 22003

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  
401.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2015

**Transaction ID : SA11AI.7821**

Amount of Each Receipt this Period  
100.00

Campaign Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Tom O'Connor**

Mailing Address 13222 Point Pleasant Drive

City Fairfax State VA Zip Code 22033

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

Name of Employer Tom O'Connor Group, LLC Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2015

**Transaction ID : SA11AI.7786**

Amount of Each Receipt this Period  
50.00

Campaign Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Rebecca Pick**

Mailing Address 3185 Wheatland farms Drive

City Oakton State VA Zip Code 22124

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

Name of Employer Self Occupation Political Organizer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2015

**Transaction ID : SA11AI.7807**

Amount of Each Receipt this Period  
25.00

Campaign Political Contribution

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

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

175.00

**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 16
	<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)  
**SUZANNE SCHOLTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Runde**

Mailing Address 6910 Bonheim Court

City McLean	State VA	Zip Code 22101
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FEC ID number of contributing federal political committee. **C**

Name of Employer CSIS	Occupation Scholar
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Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2015

**Transaction ID : SA11A1.7804**

Amount of Each Receipt this Period  
 Campaign Political Contribution  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Sue Schwien**

Mailing Address 8242 The Midway

City Annandale	State VA	Zip Code 22003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Homemaker
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Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2015

**Transaction ID : SA11A1.7791**

Amount of Each Receipt this Period  
 Campaign Political Contribution  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Sara Segal**

Mailing Address 9708 Turnbuckle Dr

City Burke	State VA	Zip Code 22015
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fairfax County Public Schools	Occupation Teacher
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Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2015

**Transaction ID : SA11A1.7802**

Amount of Each Receipt this Period  
 Campaign Political Contribution  
 500.00

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

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

850.00

**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 16
	<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)  
**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sandra Shoemaker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 30 / 2015	
Mailing Address 6986 Manorwood Drive		<b>Transaction ID : SA11AI.7801</b>	
City Centreville	State VA	Zip Code 20120	Amount of Each Receipt this Period Campaign Political Contribution 100.00
FEC ID number of contributing federal political committee. C			
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 250.00		

Full Name (Last, First, Middle Initial) <b>B. Terrance Wear</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 04 / 2015	
Mailing Address 8810 Surveyors Place		<b>Transaction ID : SA11AI.7794</b>	
City Springfield	State VA	Zip Code 22152	Amount of Each Receipt this Period Campaign Political Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 905.00		

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	3125.00

**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 12 OF 16	
	<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)  
**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Allegra Printing</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2015
Mailing Address 2812 Merrilee Drive		Amount of Each Disbursement this Period 224.25 <b>Transaction ID : SB17.7772</b>
City State Zip Code Fairfax VA 22031	Purpose of Disbursement Campaign Printing Expense Category/Type 001	
Candidate Name <b>SUZANNE SCHOLTE FOR CONGRESS</b>		Amount of Each Disbursement this Period 18.75 <b>Transaction ID : SB17.7785</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Campaign Solutions</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2015
Mailing Address 117 North Saint Asaph Street		Amount of Each Disbursement this Period 106.99 <b>Transaction ID : SB17.7778</b>
City State Zip Code Alexandria VA 22314	Purpose of Disbursement Campaign Online Fundraising Expense Category/Type 003	
Candidate Name <b>SUZANNE SCHOLTE FOR CONGRESS</b>		Amount of Each Disbursement this Period 349.99
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Campaign Solutions</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2015
Mailing Address 117 North Saint Asaph Street		Amount of Each Disbursement this Period 349.99
City State Zip Code Alexandria VA 22314	Purpose of Disbursement Campaign Online Fundraising Expense Category/Type 003	
Candidate Name <b>SUZANNE SCHOLTE FOR CONGRESS</b>		Amount of Each Disbursement this Period 349.99
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	349.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 16			
	<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)  
**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Campaign Solutions</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2015
Mailing Address 117 North Saint Asaph Street		Amount of Each Disbursement this Period 43.49 <b>Transaction ID : SB17.7779</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Campaign Online Fundraising Expense Category/Type 003	
Candidate Name <b>SUZANNE SCHOLTE FOR CONGRESS</b>	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: 11		

Full Name (Last, First, Middle Initial) <b>B. Capital One Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 6367 Seven Corners Center		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : SB17.7775</b>
City Falls Church State VA Zip Code 22044	Purpose of Disbursement Campaign Banking Expense Category/Type 001	
Candidate Name <b>SUZANNE SCHOLTE FOR CONGRESS</b>	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: 11		

Full Name (Last, First, Middle Initial) <b>c. Capital One Bank</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 6367 Seven Corners Center		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : SB17.7774</b>
City Falls Church State VA Zip Code 22044	Purpose of Disbursement Campaign Banking Expense Category/Type 001	
Candidate Name <b>SUZANNE SCHOLTE FOR CONGRESS</b>	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: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	113.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16			
	<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)  
**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PobleteTamargo, LLP</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address 1020 16th Street, NW Suite 700		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.7773</b>
City Washington State DC Zip Code 20036	Purpose of Disbursement Campaign FEC Compliance Expense Category/Type 001	
Candidate Name <b>SUZANNE SCHOLTE FOR CONGRESS</b>	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: VA District: 11		

Full Name (Last, First, Middle Initial) <b>B. PobleteTamargo, LLP</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2015
Mailing Address 1020 16th Street, NW Suite 700		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.7768</b>
City Washington State DC Zip Code 20036	Purpose of Disbursement Campaign FEC Compliance Expense Category/Type 001	
Candidate Name <b>SUZANNE SCHOLTE FOR CONGRESS</b>	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: VA District: 11		

Full Name (Last, First, Middle Initial) <b>c. Pat Trueman</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2015
Mailing Address 10350 Southam Lane		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.7771</b>
City Oakton State VA Zip Code 22124	Purpose of Disbursement Campaign Consultant Expense Category/Type 001	
Candidate Name <b>SUZANNE SCHOLTE FOR CONGRESS</b>	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: VA District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5300.00
<b>TOTAL</b> This Period (last page this line number only).....	5763.48

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SUZANNE SCHOLTE FOR CONGRESS** Transaction ID : **SC/10.4158**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**SUZANNE SCHOLTE**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
3014 CASTLE ROAD

City State ZIP Code  
FALLS CHURCH VA 22014

Original Amount of Loan 10000.00	Cumulative Payment To Date 7000.00	Balance Outstanding at Close of This Period 3000.00
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**TERMS**

Date Incurred M 01 / D 08 / Y 2014	Date Due M M / D D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 3000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SUZANNE SCHOLTE FOR CONGRESS** Transaction ID : **SC/10.4376**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SUZANNE SCHOLTE</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3014 CASTLE ROAD		

City	State	ZIP Code
FALLS CHURCH	VA	22014

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2014	M M / D D / Y 12/31/2014			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	13000.00

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