

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

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 MM/DD/YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of VA

5. Covering Period

MM/DD/YYYY 10/16/2014

through

MM/DD/YYYY 11/24/2014

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

Type or Print Name of Treasurer Mauricio Tamargo - Treasurer

Signature of Treasurer Mauricio Tamargo - Treasurer

[Electronically Filed]

Date

MM/DD/YYYY 01/30/2015

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

Table with 8 columns and 1 row for Office Use Only.

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))....	52534.53	255543.34
(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)).....	52534.53	255543.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	67283.25	215182.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	142.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	67283.25	215040.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	26107.26	
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).....	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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- 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

SUZANNE SCHOLTE 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)		
24582.00	158267.51	1300.00
(ii) Unitemized		
22952.53	73275.83	5006.00
(iii) Total of contributions from individuals		
47534.53	231543.34	6306.00
(b) Political Party Committees		
0.00	10000.00	0.00
(c) Other Political Committees		
5000.00	14000.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 60

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))		
52534.53	255543.34	6306.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	20000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	20000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	142.49	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)		
52534.53	275685.83	6306.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

SUZANNE SCHOLTE 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="67283.25"/>	<input type="text" value="215182.78"/>	<input type="text" value="34701.79"/>
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="2000.00"/>	<input type="text" value="5000.00"/>	<input type="text" value="2000.00"/>
(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="2000.00"/>	<input type="text" value="5000.00"/>	<input type="text" value="2000.00"/>
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 / 60

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

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

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

69283.25	220182.78	36701.79
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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))

52534.53	255543.34	6306.00
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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)

67283.25	215040.29	34701.79
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	42855.98
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	52534.53
25. SUBTOTAL (add Line 23 and Line 24).....	95390.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69283.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	26107.26

**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 60
	<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	

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)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Joanne Aarseth		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 20840 Miranda falls Square		Transaction ID : SA11AI.7045	
City State Zip Code Sterling VA 20165	Amount of Each Receipt this Period Campaign Contribution 50.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Campaign Contribution 50.00		
Name of Employer Occupation Freddie Mac Attorney	Election Cycle-to-Date 225.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Michael W. Albin		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 5603 Ventnor Lane		Transaction ID : SA11AI.7406	
City State Zip Code Springfield VA 22151	Amount of Each Receipt this Period Campaign Contribution 50.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Campaign Contribution 50.00		
Name of Employer Occupation Retired Retired	Election Cycle-to-Date 497.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. JoAnn Andren		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 3160 Readsborough Court		Transaction ID : SA11AI.7172	
City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period Campaign Contribution 25.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Campaign Contribution 25.00		
Name of Employer Occupation Nina McLemore Inc. Retail Management	Election Cycle-to-Date 325.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	125.00
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: PAGE 8 OF 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

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

Mailing Address 307 N Lee Street

City Falls Church State VA Zip Code 22046

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

Name of Employer Booz Allen Hamilton Occupation Consultant

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 / 28 / 2014

Transaction ID : SA11AI.7240

Amount of Each Receipt this Period
 250.00

Campaign 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
 680.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2014

Transaction ID : SA11AI.6945

Amount of Each Receipt this Period
 30.00

Campaign Contribution

C. 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
 730.00

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

Transaction ID : SA11AI.7217

Amount of Each Receipt this Period
 50.00

Campaign Contribution

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

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

330.00

**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 60
	<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) A. Linda Bartlett		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 4316 Wakefield Drive		Transaction ID : SA11AI.7308	
City Annandale	State VA	Zip Code 22003	Amount of Each Receipt this Period Campaign Contribution 50.00
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 780.00		

Full Name (Last, First, Middle Initial) B. James Battle		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 1708 Burning Tree Drive		Transaction ID : SA11AI.6778	
City Vienna	State VA	Zip Code 22182	Amount of Each Receipt this Period Campaign Contribution 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer EDS	Occupation Computer Consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. Dean Bittle		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address 12139 Eddyspark Drive		Transaction ID : SA11AI.7413	
City Herndon	State VA	Zip Code 20170	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Audi of Tyson's Corner	Occupation Foreman/Technician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 10 OF 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Beau Boulter

Mailing Address 6932 Fairfax Drive
204

City State Zip Code
Arlington VA 22213

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

Name of Employer Occupation
Beau Boulter Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11A1.7411

Amount of Each Receipt this Period
500.00

Campaign Contribution

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

Mailing Address 8402 Gambrill Lane

City State Zip Code
Springfield VA 22153

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

Name of Employer Occupation
Self Software Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

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

Transaction ID : SA11A1.7662

Amount of Each Receipt this Period
500.00

Political Contribution

C. Full Name (Last, First, Middle Initial)
James EB Carney

Mailing Address P.O. Box 455

City State Zip Code
Marshall VA 20116

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

Name of Employer Occupation
Self Public Policy Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11A1.7078

Amount of Each Receipt this Period
100.00

Campaign Contribution

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

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

1100.00

**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 60
	<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) A. James EB Carney		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address P.O. Box 455		Transaction ID : SA11AI.7458	
City Marshall	State VA	Zip Code 20116	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Public Policy Consultant		Campaign Contribution 1400.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) B. Stephen Caruthers		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 3820 N Richmond Street		Transaction ID : SA11AI.7756	
City Arlington	State VA	Zip Code 22207	Amount of Each Receipt this Period Campaign Contribution 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Caruther Properties LLC	Occupation Builder		Campaign Contribution 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) C. William Cash		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 4225 Willow Woods Drive		Transaction ID : SA11AI.7479	
City Annandale	State VA	Zip Code 22003	Amount of Each Receipt this Period Campaign Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer NVCC Annandale Campus	Occupation Auto & Equipment Repair Tech		Campaign Contribution 300.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	1150.00
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 12 OF 60
	<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)
Sekwon K Chong

Mailing Address 6623 Stourcliffe Lane

City Haymarket State VA Zip Code 20169

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

Name of Employer Korean American Foundation Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.7091

Amount of Each Receipt this Period
50.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Sekwon K Chong

Mailing Address 6623 Stourcliffe Lane

City Haymarket State VA Zip Code 20169

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

Name of Employer Korean American Foundation Occupation President

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 / 04 / 2014

Transaction ID : SA11AI.7501

Amount of Each Receipt this Period
50.00

Campaign 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
690.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.6810

Amount of Each Receipt this Period
100.00

Campaign Contribution

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

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

200.00

**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 60
	<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)
Sandra Coupe

Mailing Address 12625 Oakwood Drive

City Woodbridge State VA Zip Code 22192

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
408.00

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

Transaction ID : SA11AI.7019

Amount of Each Receipt this Period
258.00

Campaign Contribution

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

Mailing Address 5907 Moss Wood Lane

City McLean State VA Zip Code 22101

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

Name of Employer Federal Government Occupation Accountant

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 / 27 / 2014

Transaction ID : SA11AI.6800

Amount of Each Receipt this Period
500.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
J William Dalgetty

Mailing Address 10204 Wendover Drive

City Vienna State VA Zip Code 22181

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
300.00

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

Transaction ID : SA11AI.7285

Amount of Each Receipt this Period
100.00

Campaign Contribution

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

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

858.00

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

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

FOR LINE NUMBER: PAGE 14 OF 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Howard DeWolf

Mailing Address 9462 Backstay Court

City State Zip Code
Burke VA 22015

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
225.00

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

Transaction ID : SA11AI.7071

Amount of Each Receipt this Period
 Campaign Contribution 50.00

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

Mailing Address 9462 Backstay Court

City State Zip Code
Burke VA 22015

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
275.00

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

Transaction ID : SA11AI.7257

Amount of Each Receipt this Period
 Campaign Contribution 50.00

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

Mailing Address 8610 Groveland Drive

City State Zip Code
Springfield VA 22153

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
225.00

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

Transaction ID : SA11AI.7064

Amount of Each Receipt this Period
 Campaign Contribution 50.00

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

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

150.00

**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 60
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. 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
250.00

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

Transaction ID : SA11A1.7156

Amount of Each Receipt this Period
25.00

Campaign Contribution

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

Mailing Address 1007 Calmes Neck Land

City Boyce State VA Zip Code 22620

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
1300.00

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

Transaction ID : SA11A1.7669

Amount of Each Receipt this Period
100.00

Political Contribution

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

Mailing Address 1449 Montague Dr

City Vienna State VA Zip Code 22182

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

Name of Employer Eberle Communications Group Occupation Fund raising Counsel

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 : SA11A1.7286

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

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

375.00

**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 60
	<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)
Adrian Eley

Mailing Address 1001 Pickett Place, Sw

City State Zip Code
Vienna VA 22180

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
400.00

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

Transaction ID : SA11AI.7410

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

Mailing Address 7113 Colgate Drive

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
Federal Government Civil Servant

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 : SA11AI.6777

Amount of Each Receipt this Period
100.00

Campaign Contribution

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

Mailing Address 119 S. Fairfax Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Alan L Freed Associates President

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 / 24 / 2014

Transaction ID : SA11AI.7114

Amount of Each Receipt this Period
500.00

Campaign Contribution

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: PAGE 17 OF 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alan Freed

Mailing Address 119 S. Fairfax Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Alan L Freed Associates President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 18 / 2014

Transaction ID : SA11AI.7617

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

Mailing Address 9704 Bronte Drive

City State Zip Code
Fairfax VA 22032

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

Name of Employer Occupation
George Mason University Attorney

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 / 25 / 2014

Transaction ID : SA11AI.7154

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

Mailing Address 9704 Bronte Drive

City State Zip Code
Fairfax VA 22032

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

Name of Employer Occupation
KCPS, LLC Vice President

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 : SA11AI.7262

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

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

750.00

**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 18 OF 60
	<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)
Robert Gersony

Mailing Address 9231 Black Riffles Court

City State Zip Code
Great Falls VT 22066

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 / 26 / 2014

Transaction ID : SA11A1.7180

Amount of Each Receipt this Period
 Campaign Contribution 250.00

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

Mailing Address P.O. Box 1896

City State Zip Code
Manassas VA 20108

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
 11 / 04 / 2014

Transaction ID : SA11A1.7407

Amount of Each Receipt this Period
 Campaign Contribution 100.00

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

Mailing Address 8609 Raglan Road

City State Zip Code
Vienna VA 22182

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

Name of Employer Occupation
SAIC System Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11A1.7060

Amount of Each Receipt this Period
 Campaign Contribution 300.00

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

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

650.00

**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 60
	<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) A. Joseph Guiffre		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014	
Mailing Address 9417 Macklin Court		Transaction ID : SA11AI.7539	
City Alexandria	State VA	Zip Code 22309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00 Campaign Contribution	
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 300.00		

Full Name (Last, First, Middle Initial) B. Thomas Harrison		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 7442 Spring Village Drive		Transaction ID : SA11AI.6811	
City Springfield	State VA	Zip Code 22150	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 Campaign Contribution	
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 300.00		

Full Name (Last, First, Middle Initial) C. Thomas Hayes		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 5953 Coopers Landing Court		Transaction ID : SA11AI.7100	
City Burke	State VA	Zip Code 22015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 Campaign Contribution	
Name of Employer Northrop Grumman	Occupation Program Manager		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

SUBTOTAL of Receipts This Page (optional).....	500.00
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 20 OF 60
	<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)
Robert Heckman

Mailing Address 143 Martin Lane

City State Zip Code
Alexandria VA 22304

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

Name of Employer Occupation
Capital City Partner Consultant

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 / 22 / 2014

Transaction ID : SA11AI.7667

Amount of Each Receipt this Period
100.00

Political Contribution

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

Mailing Address 143 Martin Lane

City State Zip Code
Alexandria VA 22304

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

Name of Employer Occupation
Capital City Partner Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

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

Transaction ID : SA11AI.7321

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

Mailing Address 4319 Farm House Lane

City State Zip Code
Fairfax VA 22032

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

Name of Employer Occupation
Self Systems Engineering Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
365.00

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

Transaction ID : SA11AI.7275

Amount of Each Receipt this Period
100.00

Campaign Contribution

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 60
	<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)
Joseph Ingrisano

Mailing Address 11303 Woodbrook Lane

City Reston State VA Zip Code 20194

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

Name of Employer Kutak Rock LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.7092

Amount of Each Receipt this Period
200.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Kristine A Iverson

Mailing Address 6235 Cherly Drive

City Falls Church State VA Zip Code 22044

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 **600.00**

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

Transaction ID : SA11AI.6823

Amount of Each Receipt this Period
100.00

Campaign Contribution

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

Mailing Address 4008 Nicholas Court

City Fairfax State VA Zip Code 22033

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 **225.00**

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

Transaction ID : SA11AI.6864

Amount of Each Receipt this Period
125.00

Campaign Contribution

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

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

425.00

**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 22 OF 60
	<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)
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
 _____ 550.00

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

Transaction ID : SA11AI.6797

Amount of Each Receipt this Period
 _____ 100.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
John J Kenny

Mailing Address 11526 Olde Tiverton Circle

City Reston State VA Zip Code 20194

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

Name of Employer TASC, Inc. Occupation Systems Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1300.00

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

Transaction ID : SA11AI.6964

Amount of Each Receipt this Period
 _____ 100.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
John J Kenny

Mailing Address 11526 Olde Tiverton Circle

City Reston State VA Zip Code 20194

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

Name of Employer TASC, Inc. Occupation Systems Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1400.00

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

Transaction ID : SA11AI.7135

Amount of Each Receipt this Period
 _____ 100.00

Campaign Contribution

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

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

_____ 300.00

**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 60
	<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) A. Marc Key		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 3906 Terrace Drive		Transaction ID : SA11AI.7166	
City Annandale	State VA	Zip Code 22003	Amount of Each Receipt this Period Campaign Contribution 300.00
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 300.00		

Full Name (Last, First, Middle Initial) B. Peter Kind		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 9006 Southpointe Lane		Transaction ID : SA11AI.7664	
City Lorton	State VA	Zip Code 22079	Amount of Each Receipt this Period Political Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer IDA	Occupation Professional		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. Peter Kind		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 9006 Southpointe Lane		Transaction ID : SA11AI.7242	
City Lorton	State VA	Zip Code 22079	Amount of Each Receipt this Period Campaign Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer IDA	Occupation Professional		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		

SUBTOTAL of Receipts This Page (optional).....	900.00
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 24 OF 60
	<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) A. Pavel Klein		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 9 Watchwater Way		Transaction ID : SA11AI.7331
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period Campaign Contribution 600.00	
FEC ID number of contributing federal political committee. C	Name of Employer Self Occupation Physician	Amount of Each Receipt this Period Campaign Contribution 2600.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. Myoung Won Kwon		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1015 Gadsden Avenue		Transaction ID : SA11AI.6869
City State Zip Code Silver Spring MD 20905	Amount of Each Receipt this Period Campaign Contribution 250.00	
FEC ID number of contributing federal political committee. C	Name of Employer Self Occupation Calligrapher	Amount of Each Receipt this Period Campaign Contribution 250.00
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) C. Young Leigh		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 8891 Windy Ridge Way		Transaction ID : SA11AI.7544
City State Zip Code McLean VA 22102	Amount of Each Receipt this Period Campaign Contribution 500.00	
FEC ID number of contributing federal political committee. C	Name of Employer Red, White & Blue LLC Occupation Owner	Amount of Each Receipt this Period Campaign Contribution 500.00
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).....	1350.00
TOTAL This Period (last page this line number only).....	1350.00

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

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

FOR LINE NUMBER: PAGE 25 OF 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael Frank Litzelman

Mailing Address 9818 New England Wood Court

City State Zip Code
Burke VA 22015

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

Name of Employer Occupation
JB Management Senior Instructor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
398.50

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

Transaction ID : SA11AI.7179

Amount of Each Receipt this Period
 100.00

Campaign Contribution

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

Mailing Address 858 Keller Creamery Road

City State Zip Code
Telford PA 18969

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

Name of Employer Occupation
E & M Insurance Associates Insurance Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1104.00

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

Transaction ID : SA11AI.6802

Amount of Each Receipt this Period
 520.00

Campaign Contribution

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

Mailing Address 1770 Kirby Road

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Self Producer/Writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 19 2014

Transaction ID : SA11AI.7625

Amount of Each Receipt this Period
 250.00

Campaign Contribution

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

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

870.00

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

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

FOR LINE NUMBER: PAGE 26 OF 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Eugene McCarthy

Mailing Address 8940 Walker Street

City State Zip Code
Fairfax VA 22032

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

Name of Employer Occupation
World Bank Energy Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11A1.7279

Amount of Each Receipt this Period
100.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Stephen G McCarty

Mailing Address 5227 Tooley Court

City State Zip Code
Fairfax VA 22032

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

Name of Employer Occupation
US Army Civil Servant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

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

Transaction ID : SA11A1.7040

Amount of Each Receipt this Period
500.00

Campaign Contribution

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

Mailing Address 15050 Lees Crossing Lane

City State Zip Code
Leesburg VA 20176

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

Name of Employer Occupation
Self Agriculture Education

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11A1.7194

Amount of Each Receipt this Period
100.00

Campaign Contribution

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 60
	<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)
Ambassador William J Middendorf (Retired)

Mailing Address P.O. Box 1037

City Little Compton State RI Zip Code 02837

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
4500.00

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

Transaction ID : SA11AI.6826

Amount of Each Receipt this Period
 Campaign Contribution
 1000.00

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

Mailing Address 565 West Main Road

City Little Compton State RI Zip Code 02837

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

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

Transaction ID : SA11AI.6824

Amount of Each Receipt this Period
 Campaign Contribution
 800.00

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

Mailing Address P.O. Box 11

City Brookeville State MD Zip Code 20833

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

Name of Employer Self Occupation Writer

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 : SA11AI.7032

Amount of Each Receipt this Period
 Campaign Contribution
 500.00

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

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

2300.00

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

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

FOR LINE NUMBER: PAGE 28 OF 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Steven Mullins

Mailing Address 1127 Walker Road

City State Zip Code
Great Falls VA 22066

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

Name of Employer Occupation
KZO Innovations, Inc CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

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

Transaction ID : SA11AI.7066

Amount of Each Receipt this Period
500.00

Campaign Contribution

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

Mailing Address 5356 Mortons Ford Way

City State Zip Code
Haymarket VA 20169

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
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.7464

Amount of Each Receipt this Period
25.00

Campaign Contribution

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

Mailing Address 4924 Firestone Drive

City State Zip Code
College Station TX 77845

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

Name of Employer Occupation
Texas A & M Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11AI.7134

Amount of Each Receipt this Period
200.00

Campaign Contribution

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

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

725.00

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

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

FOR LINE NUMBER: PAGE 29 OF 60
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nola Noonan

Mailing Address 15177 Holleyside Drive

City Montclair State VA Zip Code 22025

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

Name of Employer Self Occupation Artist

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 : SA11AI.7340

Amount of Each Receipt this Period
 Campaign Contribution 320.00

B. Full Name (Last, First, Middle Initial)
In Young Park

Mailing Address 15846 SpyGlass Hill Loop

City Gainsville State VA Zip Code 20155

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

Name of Employer Self Occupation M.D.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2014

Transaction ID : SA11AI.6949

Amount of Each Receipt this Period
 Campaign Contribution 100.00

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

Mailing Address 2778 Noble Fir Court

City Woodbridge State VA Zip Code 22192

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 / 18 / 2014

Transaction ID : SA11AI.6944

Amount of Each Receipt this Period
 Campaign Contribution 50.00

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

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

470.00

**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 30 OF 60
	<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) A. David Potter		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 2778 Noble Fir Court		Transaction ID : SA11AI.7191	
City Woodbridge	State VA	Zip Code 22192	Amount of Each Receipt this Period Campaign 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 650.00		

Full Name (Last, First, Middle Initial) B. David Potter		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 2778 Noble Fir Court		Transaction ID : SA11AI.7438	
City Woodbridge	State VA	Zip Code 22192	Amount of Each Receipt this Period Campaign 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 750.00		

Full Name (Last, First, Middle Initial) C. Roseann Potter		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 2778 Noble Fir Court		Transaction ID : SA11AI.7150	
City Woodbridge	State VA	Zip Code 22192	Amount of Each Receipt this Period Campaign Contribution 1000.00
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 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 31 OF 60
	<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) A. Nancy Purcell		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 175 Mercer Mill Road		Transaction ID : SA11AI.7104	
City Landenberg	State PA	Zip Code 19350	Amount of Each Receipt this Period Campaign Contribution 50.00
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 1050.00		

Full Name (Last, First, Middle Initial) B. Lisa A Reeder		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 73 Hanapepe Loop		Transaction ID : SA11AI.7131	
City Honolulu	State HI	Zip Code 96825	Amount of Each Receipt this Period Campaign Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 675.00		

Full Name (Last, First, Middle Initial) C. Lisa A Reeder		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 73 Hanapepe Loop		Transaction ID : SA11AI.7271	
City Honolulu	State HI	Zip Code 96825	Amount of Each Receipt this Period Campaign Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 725.00		

SUBTOTAL of Receipts This Page (optional).....	150.00
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 32 OF 60
	<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)
Lisa A Reeder

Mailing Address 73 Hanapepe Loop

City Honolulu State HI Zip Code 96825

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

Name of Employer None Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **775.00**

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

Transaction ID : SA11AI.7487

Amount of Each Receipt this Period
50.00

Campaign Contribution

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

Mailing Address 4318 Selkie Drive

City Fairfax State VA Zip Code 22032

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

Name of Employer US Navy Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **249.00**

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

Transaction ID : SA11AI.7305

Amount of Each Receipt this Period
249.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Cheryl A Saggars

Mailing Address 5077 Willow Oak Place

City Dumfries State VA Zip Code 22025

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 **300.00**

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

Transaction ID : SA11AI.6774

Amount of Each Receipt this Period
100.00

Campaign Contribution

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

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

399.00

**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 33 OF 60
	<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) A. Sara Segal		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 9708 Turnbuckle Dr		Transaction ID : SA11AI.6791	
City Burke	State VA	Zip Code 22015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 500.00	
Name of Employer Fairfax County Public Schools	Occupation Teacher		
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) B. Dale Shirasago		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 5939 Rhode Island Drive		Transaction ID : SA11AI.7334	
City Woodbridge	State VA	Zip Code 22193	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 250.00	
Name of Employer Scitor Corp	Occupation Analyst		
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) C. Pete Snyder		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 2105 Wakefield Court		Transaction ID : SA11AI.7228	
City Alexandria	State VA	Zip Code 22307	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 500.00	
Name of Employer Disrupton Capital	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 679.03		

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 34 OF 60
	<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) A. Ok Cha Soh		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 8110 Craddock Road		Transaction ID : SA11AI.6995	
City Greenbelt	State MD	Zip Code 20770	Amount of Each Receipt this Period Campaign Contribution 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Washington Baptist University	Occupation Professor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2175.00		

Full Name (Last, First, Middle Initial) B. Ok Cha Soh		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 8110 Craddock Road		Transaction ID : SA11AI.7144	
City Greenbelt	State MD	Zip Code 20770	Amount of Each Receipt this Period Campaign Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Washington Baptist University	Occupation Professor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2225.00		

Full Name (Last, First, Middle Initial) C. Martha J Stanford		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 4519 Kenwood Drive		Transaction ID : SA11AI.7105	
City Woodbridge	State VA	Zip Code 22193	Amount of Each Receipt this Period Campaign Contribution 50.00
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 300.00		

SUBTOTAL of Receipts This Page (optional).....	125.00
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 35 OF 60
	<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) A. Michael L Stern		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 8529 Century Oak Court		Transaction ID : SA11AI.7254	
City State Zip Code Fairfax Station VA 22039	Amount of Each Receipt this Period Campaign Contribution 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) B. Wayne Tatusko		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 4005 Millcreek Drive		Transaction ID : SA11AI.7500	
City State Zip Code Annandale VA 22003	Amount of Each Receipt this Period Campaign Contribution 50.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Tatusko Kennedy, PC Attorney		
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) C. Janet Tener		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 10427 Marbury Road		Transaction ID : SA11AI.6968	
City State Zip Code Oakton VA 22124	Amount of Each Receipt this Period Campaign Contribution 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self-employed Philanthropy		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL 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 36 OF 60
	<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)
Janet Tener

Mailing Address 10427 Marbury Road

City State Zip Code
Oakton VA 22124

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

Name of Employer Occupation
Self-employed Philanthropy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.7330

Amount of Each Receipt this Period
 Campaign Contribution
50.00

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

Mailing Address 6613 Goldsboro Rd

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation
Self Employed Dentist

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 20 2014

Transaction ID : SA11AI.6871

Amount of Each Receipt this Period
 Campaign Contribution
250.00

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

Mailing Address 7365 Silver Pine Drive

City State Zip Code
Springfield VA 22153

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

Name of Employer Occupation
SRA Internation Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
822.75

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

Transaction ID : SA11AI.7147

Amount of Each Receipt this Period
 Campaign Contribution
250.00

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

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

550.00

**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 37 OF 60
	<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)
Mr. Joseph Volpe

Mailing Address 9796 Kedge Court

City Vienna State VA Zip Code 22181-3206

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 **300.00**

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

Transaction ID : SA11AI.6822

Amount of Each Receipt this Period
100.00

Campaign Contribution

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

Mailing Address P.O. Box 6539

City Falls Church State VA Zip Code 22040

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

Name of Employer Wagner Insurance Occupation Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11AI.6994

Amount of Each Receipt this Period
200.00

Campaign Contribution

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

Mailing Address 2490 Tree House Drive

City Woodbridge State VA Zip Code 22192

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

Name of Employer Prince William County Republic Occupation Staffer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **410.00**

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

Transaction ID : SA11AI.7661

Amount of Each Receipt this Period
30.00

Political Contribution

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

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

330.00

**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 38 OF 60
	<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)
Joan Watts

Mailing Address 2490 Tree House Drive

City Woodbridge State VA Zip Code 22192

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

Name of Employer Prince William County Republic Occupation Staffer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 485.00

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

Transaction ID : SA11AI.6786

Amount of Each Receipt this Period
 _____ 75.00

Campaign Contribution

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

Mailing Address 1030 S Barton Street # 284

City Arlington State VA Zip Code 22204

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

Name of Employer Compliance Discovery Solutions Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.7459

Amount of Each Receipt this Period
 _____ 1000.00

Campaign Contribution

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

Mailing Address 7412 Union Ridge Road

City Clifton State VA Zip Code 20124

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

Name of Employer InfoReliance Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.6812

Amount of Each Receipt this Period
 _____ 2600.00

Campaign Contribution

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

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

_____ 3675.00

**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 39 OF 60
	<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) A. Wyatt Winslow		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 8433 Pulley Court		Transaction ID : SA11AI.7490	
City Annandale	State VA	Zip Code 22003	Amount of Each Receipt this Period Campaign Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer First Trust	Occupation Sales		
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) B. Joanne Wyman		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 2016 Spring Branch Drive		Transaction ID : SA11AI.7663	
City Vienna	State VA	Zip Code 22181	Amount of Each Receipt this Period Political Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer JW Event	Occupation Management		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1425.00		

Full Name (Last, First, Middle Initial) C. Joanne Wyman		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 2016 Spring Branch Drive		Transaction ID : SA11AI.7502	
City Vienna	State VA	Zip Code 22181	Amount of Each Receipt this Period Campaign Contribution 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer JW Event	Occupation Management		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1450.00		

SUBTOTAL of Receipts This Page (optional).....	625.00
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 40 OF 60
	<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) Gene Ziermer		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2014
Mailing Address 6109 Harmon Place		Transaction ID : SA11AI.7015
City Springfield	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Homemaker	Campaign Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) Gene Ziermer		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2014
Mailing Address 6109 Harmon Place		Transaction ID : SA11AI.7475
City Springfield	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Homemaker	Campaign Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

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

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	24582.00

**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 41 OF 60
	<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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICA'S FIRST PAC

Mailing Address **PO BOX 26141**

City **ALEXANDRIA** State **VA** Zip Code **22313**

FEC ID number of contributing federal political committee. **C C00524314**

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 / 20 / 2014

Transaction ID : SA11C.7644

Amount of Each Receipt this Period
1000.00
 Political Contribution

B. Full Name (Last, First, Middle Initial)
FIGHTIN' 9TH PAC

Mailing Address **PO BOX 107**

City **NEWPORT** State **VA** Zip Code **24128**

FEC ID number of contributing federal political committee. **C C00525667**

Name of Employer Occupation

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 / 24 / 2014

Transaction ID : SA11C.7642

Amount of Each Receipt this Period
500.00
 Political Contribution

C. Full Name (Last, First, Middle Initial)
REACHING FOR A BRIGHTER AMERICA PAC

Mailing Address **1678 MONTGOMERY HWY SUITE 104-184**

City **BIRMINGHAM** State **AL** Zip Code **35216**

FEC ID number of contributing federal political committee. **C C00487942**

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 / 04 / 2014

Transaction ID : SA11C.7651

Amount of Each Receipt this Period
1000.00
 Political Contribution

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 60
	<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)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

Mailing Address 1707 L STREET, NW
SUITE 750

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00332296

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11C.7635

Amount of Each Receipt this Period
2500.00

Polical Contribution

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 M / D 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

5000.00

**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 43 OF 60	
	<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) A. Allegra Printing		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 2812 Merrilee Drive		Amount of Each Disbursement this Period 1194.93 Transaction ID : SB17.7379
City State Zip Code Fairfax VA 22031	Purpose of Disbursement Campaign Printing Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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. Ally Group LLC		Date of Disbursement MM / DD / YYYY 11 / 17 / 2014
Mailing Address 2105 N. Taft Street #3		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.7525
City State Zip Code Arlington VA 22201	Purpose of Disbursement Campaign Consulting Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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) C. AT & T		Date of Disbursement MM / DD / YYYY 10 / 27 / 2014
Mailing Address 6645 Arlington Blvd		Amount of Each Disbursement this Period 288.05 Transaction ID : SB17.7350
City State Zip Code Falls Church VA 22042	Purpose of Disbursement Campaign Communication Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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		

SUBTOTAL of Disbursements This Page (optional).....	3482.98
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 60			
	<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) A. AT & T		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 6645 Arlington Blvd		Amount of Each Disbursement this Period 243.79
City Falls Church State VA Zip Code 22042	Purpose of Disbursement Campaign Communications Expense	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Transaction ID : SB17.7380
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	Category/Type 001	

Full Name (Last, First, Middle Initial) B. AT & T		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 6645 Arlington Blvd		Amount of Each Disbursement this Period 377.03
City Falls Church State VA Zip Code 22042	Purpose of Disbursement Campaign Communication Expense	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Transaction ID : SB17.7524
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	Category/Type 001	

Full Name (Last, First, Middle Initial) c. Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 117 North Saint Asaph Street		Amount of Each Disbursement this Period 697.81
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Campaign Online Fundraising Expense	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Transaction ID : SB17.7633
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	Category/Type 003	

SUBTOTAL of Disbursements This Page (optional).....	1318.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 60	
	<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) A. Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 117 North Saint Asaph Street		Amount of Each Disbursement this Period 899.83 Transaction ID : SB17.7632
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Campaign Online Fundraising Expense Category/Type 003	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 565.67 Transaction ID : SB17.7629
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. Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 117 North Saint Asaph Street		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.7628
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Campaign Online Fundraising Expense Category/Type 003	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 3465.50
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) c. Carlyle Gregory Company		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 140 Little Falls Street		Amount of Each Disbursement this Period 3465.50 Transaction ID : SB17.7628
City Falls Church State VA Zip Code 22046	Purpose of Disbursement Campaign Consulting Expense Category/Type 001	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 3465.50
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)	

SUBTOTAL of Disbursements This Page (optional).....	3465.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 60			
	<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) A. Carlyle Gregory Company		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 140 Little Falls Street		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.7365
City Falls Church State VA Zip Code 22046	Purpose of Disbursement Campaign Consultant Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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. Cox Communications		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 5958 Kingstowne Town Center Suite 100		Amount of Each Disbursement this Period 493.91 Transaction ID : SB17.7366
City Alexandria State VA Zip Code 22315	Purpose of Disbursement Campaign Communications Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 3803.12 Transaction ID : SB17.7523
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement Campaign Advertising Expense 004 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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)	

SUBTOTAL of Disbursements This Page (optional).....	7297.03
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 60		
	<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) A. Peter Foster		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 5601 Turkey Oak Raod		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.7358
City Richmond	State VA Zip Code 23237	
Purpose of Disbursement Campaign consultant expense	001	Category/ Type
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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. Peter Foster		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 5601 Turkey Oak Raod		Amount of Each Disbursement this Period 395.00 Transaction ID : SB17.7349
City Richmond	State VA Zip Code 23237	
Purpose of Disbursement Campaign Consultant Expense	001	Category/ Type
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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) c. Peter Foster		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 5601 Turkey Oak Raod		Amount of Each Disbursement this Period 1705.39 Transaction ID : SB17.7377
City Richmond	State VA Zip Code 23237	
Purpose of Disbursement Campaign Consultant Expense	001	Category/ Type
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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		

SUBTOTAL of Disbursements This Page (optional).....	4600.39
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 48 OF 60	
	<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) A. Peter Foster		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 5601 Turkey Oak Raod		Amount of Each Disbursement this Period 1223.96 Transaction ID : SB17.7531
City Richmond State VA Zip Code 23237	Purpose of Disbursement Campaign Office Supplies Reimbursement Expense Category/Type 001	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 177.27 Transaction ID : SB17.7360
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. Harland Clarke		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 10931 Laureate Drive		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7354
City San Antonio State TX Zip Code 78249	Purpose of Disbursement Campaign consultant expense Category/Type 001	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 2401.23
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) c. Justin Higgins		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 16560 Nanticoke Way APT 102		Amount of Each Disbursement this Period 2401.23
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement Campaign Consultant expense Category/Type 001	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 2401.23
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)	

SUBTOTAL of Disbursements This Page (optional).....	2401.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 60	
	<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) A. Justin Higgins		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 16560 Nanticoke Way APT 102		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.7376
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement Campaign Consultant Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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. Kelley McLean		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1111 Arlington Blvd # 912		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.7355
City Arlington State VA Zip Code 22209	Purpose of Disbursement Campaign consultant expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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) c. Kelley McLean		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 1111 Arlington Blvd # 912		Amount of Each Disbursement this Period 317.29 Transaction ID : SB17.7363
City Arlington State VA Zip Code 22209	Purpose of Disbursement Campaign Consultant Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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)	

SUBTOTAL of Disbursements This Page (optional).....	3317.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 60			
	<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) A. Kelley McLean		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 1111 Arlington Blvd # 912		Amount of Each Disbursement this Period 1972.68 Transaction ID : SB17.7364
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Campaign Consultant Expense	Category/ Type 001
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	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. National Technology Rentals		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 23430 Rock Haven Way #120		Amount of Each Disbursement this Period 568.50 Transaction ID : SB17.7390
City Sterling	State VA	
Zip Code 20166	Purpose of Disbursement Campaign Office Equipment Expense	Category/ Type 001
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	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) c. Nation Builder Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 448 S. Hill Street, Suite 200		Amount of Each Disbursement this Period 299.00 Transaction ID : SB17.7389
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Campaign Supporter List Management Expense	Category/ Type 001
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	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	

SUBTOTAL of Disbursements This Page (optional).....	2840.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 60			
	<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) A. NOVA Digital Flims		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 9702 Dublin Drive		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.7367
City Manassas State VA Zip Code 20109	Purpose of Disbursement Campaign Advertising Expense Category/Type 004	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	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. PobleteTamargo, LLP		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1020 16th Street, NW Suite 700		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.7353
City Washington State DC Zip Code 20036	Purpose of Disbursement Campaign FEC Compliance expense Category/Type 001	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	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) c. PobleteTamargo, LLP		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 1020 16th Street, NW Suite 700		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.7532
City Washington State DC Zip Code 20036	Purpose of Disbursement Campaign FEC Compliance Expense Category/Type 001	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	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		

SUBTOTAL of Disbursements This Page (optional)	7600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 60			
	<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) A. Pound, Feinstein & Associates		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 5614 Connecticut Avenue, NW Suite 270		Amount of Each Disbursement this Period 1888.23 Transaction ID : SB17.7357
City Washington State DC Zip Code 20015	Purpose of Disbursement Campaign advertizing expense 004 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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. Pound, Feinstein & Associates		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 5614 Connecticut Avenue, NW Suite 270		Amount of Each Disbursement this Period 927.50 Transaction ID : SB17.7362
City Washington State DC Zip Code 20015	Purpose of Disbursement Campaign Advertising Expense 004 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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) c. Pound, Feinstein & Associates		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 5614 Connecticut Avenue, NW Suite 270		Amount of Each Disbursement this Period 13552.84 Transaction ID : SB17.7530
City Washington State DC Zip Code 20015	Purpose of Disbursement Campaign Advertising Expense 004 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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		

SUBTOTAL of Disbursements This Page (optional).....	16368.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 60		
	<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) A. Property Services, Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 6320 Augusta Drive #1400		Amount of Each Disbursement this Period 411.00 Transaction ID : SB17.7529
City Springfield State VA Zip Code 22150	Purpose of Disbursement Campaign Office Rental Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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. PR Solutions		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1707 I Street NW		Amount of Each Disbursement this Period 1312.04 Transaction ID : SB17.7383
City Washington State DC Zip Code 20036	Purpose of Disbursement Campaign Advertising Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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) C. SUZANNE SCHOLTE		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 3014 CASTLE ROAD		Amount of Each Disbursement this Period 172.53 Transaction ID : SB17.7348
City FALLS CHURCH State VA Zip Code 22014	Purpose of Disbursement Campaign office supply expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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)	

SUBTOTAL of Disbursements This Page (optional).....	1895.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 60	
	<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) A. Springboard Media Strategies		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2169 Astoria Circle # 404		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7370
City Herndon State VA Zip Code 20170	Purpose of Disbursement Campaign Consultant Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.7351
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. Stephens, Randy		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 6724 Princess Anne Lane		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.7351
City Falls Church State VA Zip Code 22042	Purpose of Disbursement Campaign Consultant Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 456.79 Transaction ID : SB17.7369
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) c. Stephens, Randy		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 6724 Princess Anne Lane		Amount of Each Disbursement this Period 456.79 Transaction ID : SB17.7369
City Falls Church State VA Zip Code 22042	Purpose of Disbursement Campaign Consultant Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 2256.79
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)	

SUBTOTAL of Disbursements This Page (optional).....	2256.79
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 60			
	<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) A. Anne Taylor		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1812 Florida Avenue NW #1		Amount of Each Disbursement this Period 296.46 Transaction ID : SB17.7347
City Washington State DC Zip Code 20009	Purpose of Disbursement Campaign Reimbursement Meeting Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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. Anne Taylor		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1812 Florida Avenue NW #1		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7378
City Washington State DC Zip Code 20009	Purpose of Disbursement Campaign Consultant Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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) c. The Green Turtle		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 3950 University Drive		Amount of Each Disbursement this Period 661.42 Transaction ID : SB17.7374
City Fairfax State VA Zip Code 22030	Purpose of Disbursement Campaign Event Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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		

SUBTOTAL of Disbursements This Page (optional).....	1957.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 60	
	<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) A. The Landing Restaurant		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 13188 Marina Way		Amount of Each Disbursement this Period 795.08 Transaction ID : SB17.7381
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement Campaign Event Expense 003 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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. Pat Trueman		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 10350 Southam Lane		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7352
City Oakton State VA Zip Code 22124	Purpose of Disbursement Campaign consultant expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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) c. Pat Trueman		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 10350 Southam Lane		Amount of Each Disbursement this Period 583.05 Transaction ID : SB17.7373
City Oakton State VA Zip Code 22124	Purpose of Disbursement Camapign Consultant Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
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)	

SUBTOTAL of Disbursements This Page (optional).....	2378.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 60	
	<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) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 6375 Seven Corners		Amount of Each Disbursement this Period 510.00 Transaction ID : SB17.7372
City Falls Church State VA Zip Code 22042	Purpose of Disbursement Campaign Postage Expense Category/Type 001	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	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. WKTV		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2931 Eskridge Road		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.7359
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Campaign Advertising expense Category/Type 004	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	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) 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).....	5510.00
TOTAL This Period (last page this line number only).....	66690.17

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 60	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUZANNE SCHOLTE		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 3014 CASTLE ROAD		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB19A.7631
City FALLS CHURCH State VA Zip Code 22014	Purpose of Disbursement Campaign partial payment of candidate loan.	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	Category/Type 001	
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.		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:		

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).....	2000.00

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4158

SUZANNE SCHOLTE FOR CONGRESS

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

7000.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

08

2014

12/31/2014

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

3000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
SUZANNE SCHOLTE Primary
 Mailing Address 3014 CASTLE ROAD General
 Other (specify) ▼

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2014	M / 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: []

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS 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.