



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Frank Wolf**

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))....	0	233076
(b) Total Contribution Refunds (from Line 20(d)) .....	1000	7800
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-1000	225276
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	42419.55	407626.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	295.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	42419.55	407330.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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

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

Write or Type Committee Name

Friends of Frank Wolf

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
<b>(a) Individuals/Persons Other than Political Committees</b>		
<b>(i) Itemized (use Schedule A)</b>		
<input type="text" value="0"/>	<input type="text" value="191496"/>	<input type="text" value="0"/>
<b>(ii) Unitemized</b>		
<input type="text" value="0"/>	<input type="text" value="-77570"/>	<input type="text" value="0"/>
<b>(iii) Total of contributions from individuals</b>		
<input type="text" value="0"/>	<input type="text" value="113926"/>	<input type="text" value="0"/>
<b>(b) Political Party Committees</b>		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>(c) Other Political Committees</b>		
<input type="text" value="0"/>	<input type="text" value="119150"/>	<input type="text" value="0"/>

through

/  /   
(last day of reporting period)

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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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	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
0	233076	0
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0	200	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0	0	0
(b) All Other Loans		
0	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0	295.22	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
801.45	11934.44	793.56
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
801.45	245505.66	793.56

**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

Friends of Frank Wolf

 Report Covering the Period: From:  /  /  To:  /  / 
**II. DISBURSEMENTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="42419.55"/>	<input type="text" value="407626.18"/>	<input type="text" value="5106.09"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0"/>	<input type="text" value="40000"/>	<input type="text" value="0"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Of All Other Loans	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0"/>	<input type="text" value="-200"/>	<input type="text" value="0"/>
(b) Political Party Committees	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 27

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)

1000	8000	0
------	------	---

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

1000	7800	0
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**21. OTHER DISBURSEMENTS**

31500	16100	28500
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

74919.55	471526.18	33606.09
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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))

-1000.00	225276.00	0.00
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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)

42419.55	407330.96	5106.09
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	74118.1
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	801.45
25. SUBTOTAL (add Line 23 and Line 24).....	74919.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	74919.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	0

**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 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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)  
**Friends of Frank Wolf**

**A.** Full Name (Last, First, Middle Initial)  
**The Business Bank**

Mailing Address 8399 Leesburg Pike

City Vienna State VA Zip Code 22182-2402

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1443.43

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

**Transaction ID : A-MF829665**

Amount of Each Receipt this Period  
0.35

Interest

**B.** Full Name (Last, First, Middle Initial)  
**The Business Bank**

Mailing Address 8399 Leesburg Pike

City Vienna State VA Zip Code 22182-2402

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1443.43

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

**Transaction ID : A-MF829666**

Amount of Each Receipt this Period  
7.54

Interest

**C.** Full Name (Last, First, Middle Initial)  
**The Business Bank**

Mailing Address 8399 Leesburg Pike

City Vienna State VA Zip Code 22182-2402

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1443.43

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014

**Transaction ID : A-MF829667**

Amount of Each Receipt this Period  
0.22

Interest

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

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

8.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Frank Wolf**

**A.** Full Name (Last, First, Middle Initial)  
**The Business Bank**

Mailing Address 8399 Leesburg Pike

City Vienna State VA Zip Code 22182-2402

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1443.43**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 28 / 2014**

**Transaction ID : A-MF829668**

Amount of Each Receipt this Period  
**5.07**

Interest

**B.** Full Name (Last, First, Middle Initial)  
**Clarke-Hook Realty & Management**

Mailing Address 14506E Lee Road

City Chantilly State VA Zip Code 20151-1635

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**787**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 30 / 2014**

**Transaction ID : A-MF829639**

Amount of Each Receipt this Period  
**787**

Deposit Refund

**C.** Full Name (Last, First, Middle Initial)  
**The Business Bank**

Mailing Address 8399 Leesburg Pike

City Vienna State VA Zip Code 22182-2402

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1443.43**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2014**

**Transaction ID : A-MF829669**

Amount of Each Receipt this Period  
**1.27**

Interest

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

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

**793.34**

**801.45**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 27	
	<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)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Jones Day</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>51 Louisiana Avenue NW</b>		Amount of Each Disbursement this Period <b>20000</b> Transaction ID : <b>B-E-829645</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20001-2105</b>	Purpose of Disbursement <b>Legal Fees</b>	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tenth District Republican Comm.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>PO Box 1344</b>		Amount of Each Disbursement this Period <b>10000</b> Transaction ID : <b>B-E-829663</b>
City <b>Middleburg</b>	State <b>VA</b>	
Zip Code <b>20118-1344</b>	Purpose of Disbursement <b>Political Contribution</b>	Category/ Type <b>011</b>
Candidate Name <b>Tenth District Republican Comm.</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>PO Box 17398</b>		Amount of Each Disbursement this Period <b>36.01</b> Transaction ID : <b>B-E-829681</b>
City <b>Baltimore</b>	State <b>MD</b>	
Zip Code <b>21297-0429</b>	Purpose of Disbursement <b>Phone bill</b>	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>30036.01</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27			
	<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)  
**Friends of Frank Wolf**

**A. Visa Cardmember Services**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15153

City: Wilmington State: DE Zip Code: 19886-5153

Purpose of Disbursement: Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 06 / 2014

Amount of Each Disbursement this Period: 130.54

Transaction ID : B-E-829636

Original vendors exceeding reporting threshold itemized as memo transactions.

**B. House Gift Shop**

Full Name (Last, First, Middle Initial)  
Mailing Address Cannon HOB

City: Washington State: DC Zip Code: 20015

Purpose of Disbursement: Farewell gifts

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 06 / 2014

Amount of Each Disbursement this Period: 130.54

Transaction ID : B-S-823102

[MEMO ITEM]  
Subitemization of Visa Cardmember Services(10/06/14)

**C. Verizon**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 17398

City: Baltimore State: MD Zip Code: 21297-0429

Purpose of Disbursement: Phone bill

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 15 / 2014

Amount of Each Disbursement this Period: 174.58

Transaction ID : B-E-829682

**SUBTOTAL** of Disbursements This Page (optional)..... 305.12

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 27	
	<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)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Melinda Conner</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2014</b>
Mailing Address <b>5806 New England Woods Drive</b>		Amount of Each Disbursement this Period <b>1200.55</b> <b>Transaction ID : B-E-829654</b>
City <b>Burke</b> State <b>VA</b> Zip Code <b>22015-2907</b>	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kamal Rahal</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2014</b>
Mailing Address <b>2635 Oakton Glen Drive</b>		Amount of Each Disbursement this Period <b>358.2</b> <b>Transaction ID : B-E-829647</b>
City <b>Vienna</b> State <b>VA</b> Zip Code <b>22181-5344</b>	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. Treasurer</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>Electronic Transfer of Funds</b>		Amount of Each Disbursement this Period <b>882.5</b> <b>Transaction ID : B-E-829672</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20036</b>	Purpose of Disbursement Federal Taxes Candidate Name Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2441.25</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 27	
	<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)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Virginia Dept. of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>PO Box 1202</b>		Amount of Each Disbursement this Period <b>250</b> <b>Transaction ID : B-E-829676</b>
City <b>Richmond</b> State <b>VA</b> Zip Code <b>23218-1202</b>	Purpose of Disbursement State taxes <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tenth District Republican Comm.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address <b>PO Box 1344</b>		Amount of Each Disbursement this Period <b>3000</b> <b>Transaction ID : B-E-829664</b>
City <b>Middleburg</b> State <b>VA</b> Zip Code <b>20118-1344</b>	Purpose of Disbursement Political Contribution <b>011</b> Category/Type	
Candidate Name <b>Tenth District Republican Comm.</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Visa Cardmember Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address <b>PO Box 15153</b>		Amount of Each Disbursement this Period <b>1281.08</b> <b>Transaction ID : B-E-829635</b>
City <b>Wilmington</b> State <b>DE</b> Zip Code <b>19886-5153</b>	Purpose of Disbursement Credit Card Payment <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4531.08</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27			
	<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)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Campaign Contribution.Com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1200
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Software and Support	Transaction ID : B-S-823100
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Visa Cardmember Services(11/04/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 14405 Chantilly Lane		Amount of Each Disbursement this Period 81.08
City Chantilly	State VA	
Zip Code 20151	Purpose of Disbursement Packing supplies	Transaction ID : B-S-823101
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Visa Cardmember Services(11/04/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kamal Rahal</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 2635 Oakton Glen Drive		Amount of Each Disbursement this Period 358.2
City Vienna	State VA	
Zip Code 22181-5344	Purpose of Disbursement Administrative/Salary/Overhead: Salary	Transaction ID : B-E-829648
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	358.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27			
	<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)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. U.S. Treasurer</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address Electronic Transfer of Funds		Amount of Each Disbursement this Period 683.6 <b>Transaction ID : B-E-829673</b>
City Washington State DC Zip Code 20036	Purpose of Disbursement Federal taxes 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Virginia Dept. of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address PO Box 1202		Amount of Each Disbursement this Period 250 <b>Transaction ID : B-E-829677</b>
City Richmond State VA Zip Code 23218-1202	Purpose of Disbursement State taxes 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Visa Cardmember Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1173.55 <b>Transaction ID : B-E-829634</b>
City Wilmington State DE Zip Code 19886-5153	Purpose of Disbursement Credit Card Payment 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2107.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27			
	<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)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Campaign Contribution.Com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1173.55
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Payment for Software/Support	
Candidate Name	Category/Type	<b>Transaction ID : B-S-823099</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b> Subitemization of Visa Cardmember Services(12/03/14)

Full Name (Last, First, Middle Initial) <b>B. U.S. Treasurer</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address Electronic Transfer of Funds		Amount of Each Disbursement this Period 42
City Washington State DC Zip Code 20036	Purpose of Disbursement Federal Income Taxes	
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-829630</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. Treasurer</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address Electronic Transfer of Funds		Amount of Each Disbursement this Period 1328.25
City Washington State DC Zip Code 20036	Purpose of Disbursement Federal taxes	
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-829674</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1370.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27			
	<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)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Virginia Dept. of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 1202		Amount of Each Disbursement this Period 16.98 <b>Transaction ID : B-E-829675</b>
City Richmond	State VA	
Zip Code 23218-1202	Purpose of Disbursement State taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Virginia Dept. of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 1202		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-829678</b>
City Richmond	State VA	
Zip Code 23218-1202	Purpose of Disbursement State taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Visa Cardmember Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 79.99 <b>Transaction ID : B-E-829637</b>
City Wilmington	State DE	
Zip Code 19886-5153	Purpose of Disbursement Credit Card Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	596.97
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27			
	<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)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Kamal Rahal</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 2635 Oakton Glen Drive		Amount of Each Disbursement this Period 358.2 <b>Transaction ID : B-E-829649</b>
City Vienna	State VA	
Purpose of Disbursement Administrative/Salary/Overhead: Salary		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Kamal Rahal</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 2635 Oakton Glen Drive		Amount of Each Disbursement this Period 123.08 <b>Transaction ID : B-E-829650</b>
City Vienna	State VA	
Purpose of Disbursement Administrative/Salary/Overhead: Salary		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Kamal Rahal</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 2635 Oakton Glen Drive		Amount of Each Disbursement this Period 0.03 <b>Transaction ID : B-E-829651</b>
City Vienna	State VA	
Purpose of Disbursement Administrative/Salary/Overhead: Postage		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	481.31
<b>TOTAL</b> This Period (last page this line number only).....	42227.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 27	
	<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)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Wexler &amp; Walker Public Policy Assn PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>Mr. Jack Howard</b> <b>1317 F Street, N.W., Suite 600</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-829686</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20004</b>	Purpose of Disbursement <b>Refund of Contribution</b> Category/Type <b>010</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1000.00</b>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Doug Ose for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 9321 Silverbend Lane		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-829642
City Elk Grove	State CA	
Zip Code 95624-3985	Purpose of Disbursement Campaign Contribution	Category/ Type 011
Candidate Name Doug Ose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	State: CA District:	
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Jeff Denham for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 2150 River Plaza Drive Suite 150		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-829643
City Sacramento	State CA	
Zip Code 95833-4131	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name Jeff Denham	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	State: CA District:	
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Mike Coffman for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 4950 S Yosemite Street # 511		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-829655
City Greenwood Village	State CO	
Zip Code 80111-1349	Purpose of Disbursement Campaign Contribution	Category/ Type 011
Candidate Name Mike Coffman	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	State: CO District:	
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 27
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Suzanne Scholte for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 6312 Seven Corners Center # 167		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-829662</b>
City Falls Church State VA Zip Code 22044-2409	Purpose of Disbursement Campaign Contribution 011 Category/Type	
Candidate Name <b>Suzanne Scholte</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Assoc. of Catholic Colleges &amp; Universities</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 1 Dupont Circle NW Suite 650		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-829631</b>
City Washington State DC Zip Code 20036-1134	Purpose of Disbursement Charitable Donation: Charitable Donation 012 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Belle Grove Plantation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 537		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-829632</b>
City Middletown State VA Zip Code 22645-0537	Purpose of Disbursement Charitable Donation: Charitable Donation 012 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 27			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Boulder Crest</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 18370 Bluemont Village Lane		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-829633</b>
City Bluemont	State VA	
Zip Code 20135-1764	Purpose of Disbursement Charitable Donation: Charitable Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Cedar Creek Battlefield Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 8437 Valley Pike		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-829638</b>
City Middletown	State VA	
Zip Code 22645-1903	Purpose of Disbursement Charitable Donation: Charity Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Cornerstone</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 3742 Ely Place SE		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-E-829640</b>
City Washington	State DC	
Zip Code 20019-3089	Purpose of Disbursement Charitable Donation: Charitable Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Council for Christian Colleges &amp; Universities</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 29 / 2014</b>
Mailing Address <b>321 8th Street NE</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-829641</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20002-6107</b>	Purpose of Disbursement Charitable Donation: <b>Charity Donation</b>	Category/ Type <b>012</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jill's House</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 29 / 2014</b>
Mailing Address <b>PO Box 9104</b>		Amount of Each Disbursement this Period <b>1500</b> <b>Transaction ID : B-E-829644</b>
City <b>Mc Lean</b>	State <b>VA</b>	
Zip Code <b>22102-0104</b>	Purpose of Disbursement Charitable Donation: <b>Charitable Donation</b>	Category/ Type <b>012</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Journey through Hallowed Ground Partnership</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 29 / 2014</b>
Mailing Address <b>PO Box 77</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-829646</b>
City <b>Waterford</b>	State <b>VA</b>	
Zip Code <b>20197-0077</b>	Purpose of Disbursement Charitable Donation: <b>Charitable Donation</b>	Category/ Type <b>012</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 27			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Lord Fairfax Blue Ridge Pantry</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 1802 Roberts Street		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-829652</b>
City Winchester	State VA Zip Code 22601-6312	
Purpose of Disbursement Charitable Donation: Charitable Donation		Category/ Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Loudoun Interfaith Relief</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 750 Miller Drive SE		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-829653</b>
City Leesburg	State VA Zip Code 20175-8916	
Purpose of Disbursement Charitable Donation: Charitable Donation		Category/ Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mount Vernon</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 10		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-829656</b>
City Mount Vernon	State VA Zip Code 22121-0010	
Purpose of Disbursement Charitable Donation: Charitable Donation		Category/ Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. NatCapLyme Association</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 8211		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-829657</b>
City Mc Lean	State VA	
Zip Code 22106-8211	Purpose of Disbursement Charitable Contribution	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Paxton Campus</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 601 Catoclin Circle NE		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-829658</b>
City Leesburg	State VA	
Zip Code 20176-4964	Purpose of Disbursement Charitable Donation: Charitable Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Polaris Project</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 65323		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-829659</b>
City Washington	State DC	
Zip Code 20035-5323	Purpose of Disbursement Charitable Donation: Charitable Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Seven Loaves Food Pantry</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 15 W Washington Street		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-829660</b>
City Middleburg State VA Zip Code 20117	Purpose of Disbursement Charitable Donation: Charitable Donation Candidate Name Category/Type 012	
Office Sought: House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shenandoah Valley Battlefields Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 9386 N Congress Street		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-829661</b>
City New Market State VA Zip Code 22844-9509	Purpose of Disbursement Charitable Donation: Charitable Donation Candidate Name Category/Type 012	
Office Sought: House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Laurel Center</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 14		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-829670</b>
City Winchester State VA Zip Code 22604-0014	Purpose of Disbursement Charitable Donation: Charitable Donation Candidate Name Category/Type 012	
Office Sought: House Senate President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 27
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Tree of Life Food Pantry</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 601 Yaxley Drive		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-829671</b>
City Purcellville	State VA Zip Code 20132-3480	
Purpose of Disbursement Charitable Donation: Charitable Donation		Category/Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Western Fairfax Christian Ministries</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 13888 Metrotech Drive		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-829685</b>
City Chantilly	State VA Zip Code 20151-3244	
Purpose of Disbursement Charitable Donation: Charitable Donation		Category/Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Winchester Salvation Army</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address PO Box 2745		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-829687</b>
City Winchester	State VA Zip Code 22604-1945	
Purpose of Disbursement Charitable Donation: Charitable Donation		Category/Type 012
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Frank Wolf**

Full Name (Last, First, Middle Initial) <b>A. Wounded Warrior Project</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 29 / 2014</b>
Mailing Address PO Box 758517		Amount of Each Disbursement this Period <b>2000</b>
City Topeka	State KS	
Zip Code 66675-8517	Category/ Type <b>012</b>	<b>Transaction ID : B-E-829688</b>
Purpose of Disbursement Charitable Donation: Charitable Donation		
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>31500.00</b>