

# 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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00554147

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 M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period

M M / D D / Y Y Y Y  
11 / 25 / 2014

through

M M / D D / Y Y Y Y  
12 / 31 / 2014

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

Type or Print Name of Treasurer Mauricio Tamargo - Treasurer

Signature of Treasurer Mauricio Tamargo - Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
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.

|                 |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|
| 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<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 3900.00                 | 255543.34                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 3900.00                 | 255543.34                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 19257.06                | 215182.78                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 142.49                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 19257.06                | 215040.29                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 10750.20                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 13000.00                |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**SUZANNE SCHOLTE FOR CONGRESS**

Report Covering the Period: From:   /     To:   /

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 1350.00                               | 158267.51                                  |
| (ii) Unitemized.....   | 2050.00                               | 73275.83                                   |
| (iii) TOTAL of contributions from individuals ▶  | 3400.00                               | 231543.34                                  |
| (b) Political Party Committees.....  | 0.00                                  | 10000.00                                   |
| (c) Other Political Committees (such as PACs).....   | 500.00                                | 14000.00                                   |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 3900.00                               | 255543.34                                  |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 0.00                                       |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                                  | 20000.00                                   |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                  | 20000.00                                   |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 142.49                                     |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 3900.00                               | 275685.83                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 19257.06                      | 215182.78                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 5000.00                            |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 5000.00                            |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 19257.06                      | 220182.78                          |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 26107.26 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 3900.00  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 30007.26 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 19257.06 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 10750.20 |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 5 OF 13 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Richard Allen**

Mailing Address 2400 E. Cherry Creek S Drive  
#109

City State Zip Code  
Denver CO 80209

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

Name of Employer Occupation  
Self 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  
12 / 22 / 2014

**Transaction ID : SA11AI.7701**

Amount of Each Receipt this Period  
250.00  
Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Richard Allen**

Mailing Address 2400 E. Cherry Creek S Drive  
#109

City State Zip Code  
Denver CO 80209

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

Name of Employer Occupation  
Self 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  
12 / 30 / 2014

**Transaction ID : SA11AI.7687**

Amount of Each Receipt this Period  
250.00  
Campaign Contribution

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

Mailing Address 14218 Sycamore Drive

City State Zip Code  
Dinwiddie VA 23841

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

Name of Employer Occupation  
Supply Center Richmond ITEM Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 22 / 2014

**Transaction ID : SA11AI.7693**

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).....

600.00

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

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

Mailing Address 1770 Kirby Road

City McLean State VA Zip Code 22101

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

Name of Employer Self Occupation Producer/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 Y Y  
 11 / 25 / 2014

**Transaction ID : SA11AI.7707**

Amount of Each Receipt this Period  
 Campaign Contribution 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Anthony Mlinar**

Mailing Address 5416 Gainsborough Dr

City Fairfax State VA Zip Code 22032

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2014

**Transaction ID : SA11AI.7727**

Amount of Each Receipt this Period  
 Campaign Contribution 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

750.00

1350.00

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 7 OF 13 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**FRIENDS OF FRANK WOLF**

Mailing Address **PO BOX 221585**

City **CHANTILLY** State **VA** Zip Code **20153**

FEC ID number of contributing federal political committee. **C C00166017**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 09 / 2014**

**Transaction ID : SA11C.7697**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Campaign 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).....

\_\_\_\_\_ 500.00

\_\_\_\_\_ 500.00

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

|   |   |              |  |  |  |
|---|---|--------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 8 OF 13 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |              |  |  |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Allegra Printing</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2014                          |
| Mailing Address 2812 Merrilee Drive                                   |  | Amount of Each Disbursement this Period<br>685.00<br><b>Transaction ID : SB17.7747</b> |
| City State Zip Code<br>Fairfax VA 22031                               | Purpose of Disbursement<br>Campaign printing expense<br>001<br>Category/Type   |  |
| Candidate Name<br><b>SUZANNE SCHOLTE FOR CONGRESS</b>                 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |  |
| State: VA District: 11  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Campaign Solutions</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 19 / 2014                          |
| Mailing Address 117 North Saint Asaph Street                            |  | Amount of Each Disbursement this Period<br>169.66<br><b>Transaction ID : SB17.7714</b> |
| City State Zip Code<br>Alexandria VA 22314                              | Purpose of Disbursement<br>Campaign online fund raising expense<br>003<br>Category/Type  |  |
| Candidate Name<br><b>SUZANNE SCHOLTE FOR CONGRESS</b>                   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |  |
| State: VA District: 11  |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Carlyle Gregory Company</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 25 / 2014                           |
| Mailing Address 140 Little Falls Street                                      |  | Amount of Each Disbursement this Period<br>2000.00<br><b>Transaction ID : SB17.7680</b> |
| City State Zip Code<br>Falls Church VA 22046                                 | Purpose of Disbursement<br>Campaign consultant expense<br>001<br>Category/Type   |   |
| Candidate Name<br><b>SUZANNE SCHOLTE FOR CONGRESS</b>                        | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |   |
| State: VA District: 11   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2854.66 |
| <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:<br>(check only one)  | PAGE 9 OF 13 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |              |  |  |

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

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Embassy Suite Springfield</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2014                           |
| Mailing Address 8100 Loisdale Road   |   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : SB17.7745</b> |
| City Springfield State VA Zip Code 22150                                       | Purpose of Disbursement Campaign event expense<br>Category/Type 007   |   |
| Candidate Name<br><b>SUZANNE SCHOLTE FOR CONGRESS</b>                          | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>B. Facebook</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2014                           |
| Mailing Address 1601 Willow Road                              |   | Amount of Each Disbursement this Period<br>1835.87<br><b>Transaction ID : SB17.7744</b> |
| City Menlo Park State CA Zip Code 94025                       | Purpose of Disbursement Campaign advertizing expense<br>Category/Type 004   |   |
| Candidate Name<br><b>SUZANNE SCHOLTE FOR CONGRESS</b>         | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)<br><b>c. Google</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2014                           |
| Mailing Address 25 Massachusetts Avenue, NW                 |   | Amount of Each Disbursement this Period<br>9550.00<br><b>Transaction ID : SB17.7743</b> |
| City Washington State DC Zip Code 20001                     | Purpose of Disbursement Campaign advertizing expense<br>Category/Type 004   |   |
| Candidate Name<br><b>SUZANNE SCHOLTE FOR CONGRESS</b>       | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: VA District: 11                                      |   |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 12385.87 |
| <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:<br>(check only one)  | PAGE 10 OF 13 |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Korea Times</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 01 / 2014                          |
| Mailing Address 7601 Little River Turnpike                       |  | Amount of Each Disbursement this Period<br>250.00<br><b>Transaction ID : SB17.7681</b> |
| City Annandale State VA Zip Code 22003                           | Purpose of Disbursement Campaign advertizing expense<br>004<br>Category/Type   |  |
| Candidate Name<br><b>SUZANNE SCHOLTE FOR CONGRESS</b>            | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |  |
| State: VA District: 11   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kelley McLean</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 10 / 2014                          |
| Mailing Address 1111 Arlington Blvd # 912                          |  | Amount of Each Disbursement this Period<br>333.00<br><b>Transaction ID : SB17.7682</b> |
| City Arlington State VA Zip Code 22209                             | Purpose of Disbursement Campaign consultant expense<br>001<br>Category/Type  |  |
| Candidate Name<br><b>SUZANNE SCHOLTE FOR CONGRESS</b>              | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |  |
| State: VA District: 11   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. National Technology Rentals</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2014                          |
| Mailing Address 23430 Rock Haven Way #120  |  | Amount of Each Disbursement this Period<br>210.00<br><b>Transaction ID : SB17.7748</b> |
| City Sterling State VA Zip Code 20166  | Purpose of Disbursement Campaign equipment expense<br>001<br>Category/Type   |  |
| Candidate Name<br><b>SUZANNE SCHOLTE FOR CONGRESS</b>                            | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) |  |
| State: VA District: 11   |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 793.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 11 OF 13                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PR Solutions</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2014                           |
| Mailing Address 1707 I Street NW  |  | Amount of Each Disbursement this Period<br>2508.87<br><b>Transaction ID : SB17.7749</b> |
| City Washington State DC Zip Code 20036   | Purpose of Disbursement Campaign printing expense<br>001<br>Category/Type  |   |
| Candidate Name<br><b>SUZANNE SCHOLTE FOR CONGRESS</b>   |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 11 | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PR Solutions</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 28 / 2014                          |
| Mailing Address 1707 I Street NW  |  | Amount of Each Disbursement this Period<br>424.81<br><b>Transaction ID : SB17.7751</b> |
| City Washington State DC Zip Code 20036   | Purpose of Disbursement Campaign printing expense<br>001<br>Category/Type  |  |
| Candidate Name<br><b>SUZANNE SCHOLTE FOR CONGRESS</b>   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 11 | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

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

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2933.68  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 18967.21 |

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

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

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

|              |      |               |                            |               |   |
|--------------|------|---------------|----------------------------|---------------|---|
| <b>TERMS</b> |      | Date Incurred | Date Due                   | Interest Rate | Secured:  |
| M 01         | D 08 | Y 2014 Y      | M M / D D / Y 12/31/2014 Y | 0.00 % (apr)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

|   |   |         |
|---|---|---------|
| <b>SUBTOTALS</b> This Period This Page (optional).....  | ▶ | 3000.00 |
| <b>TOTALS</b> This Period (last page in this line only).....  | ▶ | [ ]     |
| <b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b> |   |         |

**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<br>10000.00 | Cumulative Payment To Date<br>0.00 | Balance Outstanding at Close of This Period<br>10000.00 |
|-------------------------------------|------------------------------------|---|

**TERMS**

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

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

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

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

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