

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

SUZANNE SCHOLTE FOR CONGRESS

ADDRESS (number and street)

6312 SEVEN CORNERS CENTER #167

Check if different  
than previously  
reported. (ACC)

FALLS CHURCH

VA

22044

2. FEC IDENTIFICATION NUMBER ▼

C

C00554147

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(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  
04 / 21 / 2014

through

M M / D D / Y Y Y Y  
06 / 30 / 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  
10 / 23 / 2014

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**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 36

Write or Type Committee Name

**SUZANNE SCHOLTE FOR CONGRESS**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 4 |

|                                                                                                                  | 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))....                                              | 50725.00                | 88521.00                           |
| (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)) .....                            | 50725.00                | 88521.00                           |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 30826.82                | 62310.28                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 30826.82                | 62310.28                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 47210.72                |                                    |
| 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) ..... | 20000.00                |                                    |

**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)

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Write or Type Committee Name

**SUZANNE SCHOLTE FOR CONGRESS**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 1 | 4 |

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

32025.00

62799.00

**(ii) Unitemized.....**

6700.00

13722.00

**(iii) TOTAL of contributions from individuals ▶**

38725.00

76521.00

**(b) Political Party Committees.....**

10000.00

10000.00

**(c) Other Political Committees (such as PACs).....**

2000.00

2000.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

50725.00

88521.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(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

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

50725.00

108521.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 36

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 30826.82                      | 62310.28                           |
| 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                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 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) ► | 30826.82                      | 62310.28                           |

## **III. CASH SUMMARY**

|                                                                                       |          |
|---------------------------------------------------------------------------------------|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 27312.54 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 50725.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 78037.54 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 30826.82 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 47210.72 |

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 36

|                                               |                                     |                                     |                                    |                             |
|-----------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------|
| <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**

Full Name (Last, First, Middle Initial)

**Thomas Barker**

Mailing Address 342-11th Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Foley Hoang

Occupation

Partner

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  | / | 16  | / | 2014    |

Transaction ID : SA11AI.4734

Amount of Each Receipt this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Charles R Black**

Mailing Address 208 Virginia Avenue

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prime Policy Group

Occupation

Chairman

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  | / | 21  | / | 2014    |

Transaction ID : SA11AI.4620

Amount of Each Receipt this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**William Frederick Blocher Jr.**

Mailing Address 44 Corner Oak Circle

City

Irvington

State

VA

Zip Code

22480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

eFedSystems Corporation

Occupation

Chief Administrative Officer

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  | / | 15  | / | 2014    |

Transaction ID : SA11AI.4630

Amount of Each Receipt this Period

1000.00

Campaign Contribution

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

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

3000.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial)

James EB Carney

Mailing Address P.O. Box 455

City

Marshall

State

VA

Zip Code

20116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Public Policy Consultant

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1100.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 16    |   | 2014        |

Transaction ID : SA11AI.4718

Amount of Each Receipt this Period

100.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Alan Cobb

Mailing Address 3121 Adrian Place

City

Falls Church

State

VA

Zip Code

22044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 16    |   | 2014        |

Transaction ID : SA11AI.4572

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Gwendal F Cody

Mailing Address 3703 King Arthur Road

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Real Estate

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

340.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 24    |   | 2014        |

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period

250.00

Campaign Contribution

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

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

600.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Kathleen Conley

Mailing Address 6011 22nd Street

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Institute for Defense Analyse

Occupation

Researcher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 09    |   | 2014      |

Transaction ID : SA11AI.4550

Amount of Each Receipt this Period

750.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Joanne F Dale

Mailing Address 3616 Ridgeway Terrace

City

Falls Church

State

VA

Zip Code

22044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

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 |
| 06    |   | 16    |   | 2014      |

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Linda K Douglas

Mailing Address 11810 Grey Birch Place

City

Reston

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 10    |   | 2014      |

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period

500.00

Campaign Contribution

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 36

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Barbara Faga**

Mailing Address 3166 Juniper Lane

City

Falls Church

State

VA

Zip Code

22044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 11 / 2014

Transaction ID : SA11AI.4635

Amount of Each Receipt this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Peter Farnham**

Mailing Address 219 N St. Asaph Street

# 4

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASBMB

Occupation

Writer

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 16 / 2014

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Carol Finerty**

Mailing Address 7113 Colgate Drive

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Federal Government

Occupation

Civil Servant

Receipt For: 2014

☒ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 21 / 2014

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period

300.00

Campaign Contribution

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

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

1550.00



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

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

FOR LINE NUMBER:

PAGE 9 OF 36

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Gene Frogale

Mailing Address 14101 Park Long Court

City

Chantilly

State

VA

Zip Code

20151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Annandale MillworkOccupation  
President

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 16    |   | 2014        |

Transaction ID : SA11AI.4735

Amount of Each Receipt this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Cathy Gillespie

Mailing Address 9382 Mt. Vernon Circle

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ed Gillespie StrategiesOccupation  
Associate

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 20    |   | 2014        |

Transaction ID : SA11AI.4787

Amount of Each Receipt this Period

2600.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Joseph Guiffre

Mailing Address 9417 Macklin Court

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 12    |   | 2014        |

Transaction ID : SA11AI.4667

Amount of Each Receipt this Period

2000.00

Campaign primary debt reduction contribution

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

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

5600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 36

(check only one)

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

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Robert Hartwell**

Mailing Address 485 Harbor Side St.

# 803

City

Woodbridge

State

VA

Zip Code

22191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 16    |   | 2014        |

Transaction ID : SA11AI.4724

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Robert A Irvin**

Mailing Address P.O. Box 724783

City

Atlanta

State

GA

Zip Code

31139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PriceWaterhouseCoopers,LLP

Occupation

Accountant

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 30    |   | 2014        |

Transaction ID : SA11AI.4875

Amount of Each Receipt this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**John J Kenny**

Mailing Address 11526 Olde Tiverton Circle

City

Reston

State

VA

Zip Code

20194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TASC, Inc.

Occupation

Systems Engineer

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 18    |   | 2014        |

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period

500.00

Campaign Contribution

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

1750.00

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

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dennis Kirk

A.

Mailing Address 6315 Anneliese Drive

City

Falls Church

State

VA

Zip Code

22044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 16    |   | 2014        |

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period

100.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Kenneth Klinge

B.

Mailing Address P.O. Box 352

City

Basye

State

VA

Zip Code

22810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

JKK Associates

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 12    |   | 2014        |

Transaction ID : SA11AI.4659

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

James Lassiter

C.

Mailing Address 16820 Brandy Moor Loop

City

Woodbridge

State

VA

Zip Code

22191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Julius BranCome, Inc

Occupation

Radiation Safety Officer

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1200.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 16    |   | 2014        |

Transaction ID : SA11AI.4730

Amount of Each Receipt this Period

1000.00

Campaign Contribution

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

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

1350.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial)

In Ho Lee

Mailing Address 1802 Admiral Court

City

Glenview

State

IL

Zip Code

60026

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 |
| 06  |   | 05  |   | 2014    |

Transaction ID : SA11AI.4647

Amount of Each Receipt this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Tidal McCoy

Mailing Address 330 Cheseapeake Drive

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Consultant

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 19  |   | 2014    |

Transaction ID : SA11AI.4598

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Joseph A Messina

Mailing Address 7004 Catlett Street

City

Springfield

State

VA

Zip Code

22151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jerry's Ford

Occupation

Finance 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 |
| 06  |   | 25  |   | 2014    |

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period

250.00

Campaign Contribution

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

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

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Melinda M O'Brien**

Mailing Address 2909 Hunting Hills Court

City

Oakton

State

VA

Zip Code

22124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 12    |   | 2014        |

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**James Pan**

Mailing Address 1983 Lakeport Way

City

Reston

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Security Analyst

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 05    |   | 2014        |

Transaction ID : SA11AI.4649

Amount of Each Receipt this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**In Young Park**

Mailing Address 15846 SpyGlass Hill Loop

City

Gainesville

State

VA

Zip Code

20155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

M.D.

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 26    |   | 2014        |

Transaction ID : SA11AI.4807

Amount of Each Receipt this Period

2000.00

Campaign Contribution

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

2750.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

|                                                                                                                                               |                                   |                                                          |                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Thomas J Park</b>                                                                     |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 09 / 2014 |                                                                         |
| Mailing Address 136-75 37th Avenue, #5D                                                                                                       |                                   | <b>Transaction ID : SA11AI.4523</b>                      |                                                                         |
| City<br>Flushing                                                                                                                              | State<br>NY                       | Zip Code<br>11354                                        | Amount of Each Receipt this Period<br>1000.00<br>Political Contribution |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   |                                                          |                                                                         |
| Name of Employer<br>Sisailbo and Daily Economy                                                                                                | Occupation<br>Editor              |                                                          |                                                                         |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |                                                          |                                                                         |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Rebecca Pick</b>                                                                      |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 12 / 2014 |                                                                         |
| Mailing Address 3185 Wheatland farms Drive                                                                                                    |                                   | <b>Transaction ID : SA11AI.4664</b>                      |                                                                         |
| City<br>Oakton                                                                                                                                | State<br>VA                       | Zip Code<br>22124                                        | Amount of Each Receipt this Period<br>250.00<br>Campaign Contributions  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   |                                                          |                                                                         |
| Name of Employer<br>Self                                                                                                                      | Occupation<br>Political Organizer |                                                          |                                                                         |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00  |                                                          |                                                                         |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Geoffrey Pohanka</b>                                                                  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 24 / 2014 |                                                                         |
| Mailing Address 2120 Polo Pointe Drive                                                                                                        |                                   | <b>Transaction ID : SA11AI.4615</b>                      |                                                                         |
| City<br>Vienna                                                                                                                                | State<br>VA                       | Zip Code<br>22181                                        | Amount of Each Receipt this Period<br>1000.00<br>Campaign Contribution  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   |                                                          |                                                                         |
| Name of Employer<br>Pohanka Honda                                                                                                             | Occupation<br>Auto Dealer         |                                                          |                                                                         |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |                                                          |                                                                         |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                   | 2250.00                                                  |                                                                         |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                   |                                                          |                                                                         |

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Nancy Purcell

A.

Mailing Address 175 Mercer Mill Road

City

Landenberg

State

PA

Zip Code

19350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

600.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 19    |   | 2014        |

Transaction ID : SA11AI.4599

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Nancy Purcell

B.

Mailing Address 175 Mercer Mill Road

City

Landenberg

State

PA

Zip Code

19350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

800.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 24    |   | 2014        |

Transaction ID : SA11AI.4806

Amount of Each Receipt this Period

200.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

John S Quackenboss

C.

Mailing Address 6404 Cavalier Corridor

City

falls Church

State

VA

Zip Code

22044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

L&amp;Q International

Occupation

Consultant

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 16    |   | 2014        |

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period

500.00

Campaign Contribution

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

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

950.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 36

(check only one)

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

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

|                                                                                                                                               |                                   |                                                          |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Kenneth Rapuano</b>                                                                   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 16 / 2014 |                                               |
| Mailing Address 3202 Juniper Lane                                                                                                             |                                   | <b>Transaction ID : SA11AI.4737</b>                      |                                               |
| City<br>falls Church                                                                                                                          | State<br>VA                       | Zip Code<br>22044                                        | Amount of Each Receipt this Period<br>1000.00 |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   | Campaign Contribution                                    |                                               |
| Name of Employer<br>Southern Research Institute                                                                                               | Occupation<br>Program Manager     |                                                          |                                               |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |                                                          |                                               |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Lisa A Reeder</b>                                                                     |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 28 / 2014 |                                               |
| Mailing Address 73 Hanapepe Loop                                                                                                              |                                   | <b>Transaction ID : SA11AI.4605</b>                      |                                               |
| City<br>Honolulu                                                                                                                              | State<br>HI                       | Zip Code<br>96825                                        | Amount of Each Receipt this Period<br>525.00  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   | Campaign Contribution                                    |                                               |
| Name of Employer<br>None                                                                                                                      | Occupation<br>Homemaker           |                                                          |                                               |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>525.00  |                                                          |                                               |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Mary Roh</b>                                                                          |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 25 / 2014 |                                               |
| Mailing Address 15492 E. Prentice Drive                                                                                                       |                                   | <b>Transaction ID : SA11AI.4489</b>                      |                                               |
| City<br>Centennial                                                                                                                            | State<br>CO                       | Zip Code<br>80015                                        | Amount of Each Receipt this Period<br>500.00  |
| FEC ID number of contributing federal political committee.<br>C                                                                               |                                   | Campaign Contribution                                    |                                               |
| Name of Employer<br>Guardian Angels Helath Center                                                                                             | Occupation<br>Doctor              |                                                          |                                               |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00  |                                                          |                                               |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                                         |                                   | 2025.00                                                  |                                               |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                               |                                   |                                                          |                                               |



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Mary Roh**

Mailing Address 15492 E. Prentice Drive

City

Centennial

State

CO

Zip Code

80015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guardian Angels Helath Center

Occupation

Doctor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 26 / 2014

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Daniel Runde**

Mailing Address 6910 Bonheim Court

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSIS

Occupation

Scholar

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 23 / 2014

Transaction ID : SA11AI.4492

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Allan W Rupp**

Mailing Address 1387 Park lake Drive

City

Reston

State

VA

Zip Code

20190

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

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 16 / 2014

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period

1000.00

Campaign Contribution

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Robert Schmand**

Mailing Address 41773 Purpose Way

City State Zip Code  
Aldie VA 20105

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

400.00

Date of Receipt

M M / D D / Y Y Y Y  
06 16 2014

Transaction ID : SA11AI.4726

Amount of Each Receipt this Period

400.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**John F Schultz**

Mailing Address 2027 Carrhill Road

City State Zip Code  
Vienna VA 22181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NetStrategies Digital Marketin

Occupation  
Management

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y  
05 19 2014

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period

300.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Siddique M Sheikh**

Mailing Address 9302 Old Keene Mill Road  
B

City State Zip Code  
Burke VA 22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PABA

Occupation  
Chairman

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 20 2014

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period

1000.00

Campaign Contribution

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

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

1700.00

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

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

FOR LINE NUMBER:

PAGE 19 OF 36

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mary D Shortley

Mailing Address 6296 Dunaway Court

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Government

Occupation

Federal Employee

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 16    |   | 2014        |

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period

250.00

Campaign COntribution

Full Name (Last, First, Middle Initial)

B. Virginia Sniegion

Mailing Address 5901 Mount Eagle Drive  
402

City

Alexandria

State

VA

Zip Code

22303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IDA

Occupation

National Defense

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 25    |   | 2014        |

Transaction ID : SA11AI.4753

Amount of Each Receipt this Period

500.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

C. Ok Cha Soh

Mailing Address 8110 Craddock Road

City

Greenbelt

State

MD

Zip Code

20770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington Baptist University

Occupation

Professor

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

700.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 25    |   | 2014        |

Transaction ID : SA11AI.4805

Amount of Each Receipt this Period

200.00

Campaign Contribution

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

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

950.00

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Shannon Sorzano**

Mailing Address 4020 38th Place North

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 25 2014

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Krista K Stark**

Mailing Address 1715 Braddock Place

#302

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Normandy Group

Occupation

Partner

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 16 2014

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**Michael L Stern**

Mailing Address 8529 Century Oak Court

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
05 19 2014

Transaction ID : SA11AI.4596

Amount of Each Receipt this Period

250.00

Campaign Contribution

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

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

750.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dorothy Douglas Taft

Mailing Address 452 Argyle Drive

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Tantallon Group, LLC

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 06  |   | 2014    |

Transaction ID : SA11AI.4558

Amount of Each Receipt this Period

250.00

Campaign COntribution

Full Name (Last, First, Middle Initial)

Thomas Tauke

Mailing Address 1405 Greenwood Place

City

ALexandria

State

VA

Zip Code

22304

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

1000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 25  |   | 2014    |

Transaction ID : SA11AI.4757

Amount of Each Receipt this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Maria Walsh

Mailing Address 2508 Pegasus Lane

City

Reston

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 22  |   | 2014    |

Transaction ID : SA11AI.4548

Amount of Each Receipt this Period

250.00

Campaign Contribution

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

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

1500.00

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

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

FOR LINE NUMBER:

PAGE 22 OF 36

(check only one)

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

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NAME OF COMMITTEE (In Full)

SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Maria Walsh

Mailing Address 2508 Pegasus Lane

City

Reston

State

VA

Zip Code

20191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 25    |   | 2014      |

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period

50.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Terrance Wear

Mailing Address 8810 Surveyors Place

City

Springfield

State

VA

Zip Code

22152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06    |   | 16    |   | 2014      |

Transaction ID : SA11AI.4721

Amount of Each Receipt this Period

250.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

Sang Yi

Mailing Address 10718 Cameron Glen Drive

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. House of Representatives

Occupation

Professional Staff Member

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05    |   | 19    |   | 2014      |

Transaction ID : SA11AI.4810

Amount of Each Receipt this Period

250.00

Campaign Contribution

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

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

550.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Grace Yoo

Mailing Address 3237 Hollydale Drive

City

Los Angeles

State

CA

Zip Code

90039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Korean American Coalition

Occupation

Executive Director

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    |   | 14    |   | 2014        |

Transaction ID : SA11Al.4789

Amount of Each Receipt this Period

250.00

Campaign Contribution

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  
☐ Other (specify)
☐ General

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

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  
☐ Other (specify)
☐ General

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).....

250.00

32025.00

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

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

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☐ 11a ☒ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

11TH CONGRESSIONAL DISTRICT OF VIRGINIA REPUBLICAN COMMITTEE - FEDERAL

**A.**

Mailing Address 3014 CASTLE ROAD

City

FALLS CHURCH

State

VA

Zip Code

22044

FEC ID number of contributing  
federal political committee.

**C** C00538975

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

**06** / **30** / **2014**

**Transaction ID : SA11B.6214**

Amount of Each Receipt this Period

5000.00

Campaign primary debt reduction contribution.

Full Name (Last, First, Middle Initial)

**7TH DISTRICT REPUBLICAN COMMITTEE**

**B.**

Mailing Address 25 E MAIN STREET

City

RICHMOND

State

VA

Zip Code

23219

FEC ID number of contributing  
federal political committee.

**C** C00189100

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

**06** / **30** / **2014**

**Transaction ID : SA11B.6216**

Amount of Each Receipt this Period

5000.00

Campaign political contribution

Full Name (Last, First, Middle Initial)

**C.**

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

**06** / **30** / **2014**

Amount of Each Receipt this Period

10000.00

10000.00

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BRADY FOR CONGRESS**

Mailing Address PO BOX 8277

City

THE WOODLANDS

State

TX

Zip Code

77387

FEC ID number of contributing  
federal political committee.

**C** C00311043

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

**06** / **30** / **2014**

**Transaction ID : SA11C.4890**

Amount of Each Receipt this Period

1000.00

Campaign contribution

Full Name (Last, First, Middle Initial)

**FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City

UNIONVILLE

State

PA

Zip Code

19375

FEC ID number of contributing  
federal political committee.

**C** C00310136

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

**06** / **03** / **2014**

**Transaction ID : SA11C.4826**

Amount of Each Receipt this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

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

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

2000.00

2000.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS****A.** Full Name (Last, First, Middle Initial)  
**11TH CONGRESSIONAL DISTRICT OF VIRGINIA REPUBLICAN COMMITTEE - FEDERAL**

Mailing Address 3014 CASTLE ROAD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 23  |   | 2014    |

City State Zip Code  
FALLS CHURCH VA 22044

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Purpose of Disbursement  
Campaign Program Ad

004

**Transaction ID : SB17.4452**

Candidate Name

**SUZANNE SCHOLTE**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VA District: 11

**B.** Full Name (Last, First, Middle Initial)  
**Allegra Printing**

Mailing Address 2812 Merrilee Drive

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 07  |   | 2014    |

City State Zip Code  
Fairfax VA 22031

Amount of Each Disbursement this Period

|         |
|---------|
| 1728.59 |
|---------|

Purpose of Disbursement  
Campaign printed materials

006

**Transaction ID : SB17.4533**

Candidate Name

**SUZANNE SCHOLTE**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VA District: 11

**c.** Full Name (Last, First, Middle Initial)  
**Allegra Printing**

Mailing Address 2812 Merrilee Drive

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 12  |   | 2014    |

City State Zip Code  
Fairfax VA 22031

Amount of Each Disbursement this Period

|        |
|--------|
| 106.56 |
|--------|

Purpose of Disbursement  
Campaign printed material expense

006

**Transaction ID : SB17.4541**

Candidate Name

**SUZANNE SCHOLTE**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

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

2085.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Allegra Printing**

Mailing Address 2812 Merrilee Drive

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Fairfax | VA    | 22031    |

Purpose of Disbursement  
Campaign Printing Expense

001

Category/  
Type

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 12  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 506.53 |
|--------|

Transaction ID : SB17.4863

**B. Allegra Printing**

Mailing Address 2812 Merrilee Drive

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Fairfax | VA    | 22031    |

Purpose of Disbursement  
Campaign Printing Expense

001

Category/  
Type

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 09  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1300.00 |
|---------|

Transaction ID : SB17.4883

**c. Capitol Pathfinders, LLC**

Mailing Address 6663 Kennedy Lane

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Falls Church | VA    | 22042    |

Purpose of Disbursement  
Campaign Consulting Expense

001

Category/  
Type

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 29  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Transaction ID : SB17.4516

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

2806.53

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 36

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Cox Communications**Mailing Address 5958 Kingstowne Town Center  
Suite 100

City Alexandria State VA Zip Code 22315

Purpose of Disbursement  
Campaign Communication Bundle

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 16  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 585.39 |
|--------|

Transaction ID : SB17.4819

**B. Cullo, Diane**

Mailing Address 6070 Alexander Ave

City Alexandria State VA Zip Code 22150

Purpose of Disbursement  
Campaign Consultant

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 06  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB17.4642

**c. Cullo, Diane**

Mailing Address 6070 Alexander Ave

City Alexandria State VA Zip Code 22150

Purpose of Disbursement  
Campaign Consultant

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 20  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB17.4644

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

5585.39

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 36

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Customink**

Mailing Address P.O. Box 791253

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 28  |   | 2014    |

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Baltimore | MD    | 21279    |

Amount of Each Disbursement this Period

|        |
|--------|
| 534.02 |
|--------|

Purpose of Disbursement  
Campaign Advertising Expense Hats

004

Transaction ID : SB17.4846

Candidate Name

**SUZANNE SCHOLTE**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Full Name (Last, First, Middle Initial)

**B. ElectionMall.com**Mailing Address 1101 Pennsylvania Ave, NW  
6th Floor

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 30  |   | 2014    |

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20004    |

Amount of Each Disbursement this Period

|       |
|-------|
| 67.58 |
|-------|

Purpose of Disbursement  
campaign Online Fundraising Expense

003

Transaction ID : SB17.4856

Candidate Name

**SUZANNE SCHOLTE**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: VA District: 11

Full Name (Last, First, Middle Initial)

**c. ElectionMall.com**Mailing Address 1101 Pennsylvania Ave, NW  
6th Floor

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 30  |   | 2014    |

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20004    |

Amount of Each Disbursement this Period

|        |
|--------|
| 290.63 |
|--------|

Purpose of Disbursement  
Campaign Online fundraising Expense

003

Transaction ID : SB17.4848

Candidate Name

**SUZANNE SCHOLTE**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

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

892.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 36

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ElectionMall.com**Mailing Address 1101 Pennsylvania Ave, NW  
6th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Campaign Online Fundraising Expense

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA

District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06  | 30  | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 268.23 |
|--------|

Transaction ID : SB17.4887

**B. Facebook**

Mailing Address 1601 Willow Road

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Campaign Facebook Ads

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA

District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 05  | 28  | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 238.81 |
|--------|

Transaction ID : SB17.4857

**c. Meghan Molloy**Mailing Address 2700 S Veitch Street  
Apt 102

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Campaign Staff Expenditure

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA

District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06  | 04  | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 600.00 |
|--------|

Transaction ID : SB17.4814

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

1107.04

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Meghan Molloy**Mailing Address 2700 S Veitch Street  
Apt 102

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
campaign staff expenditure

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06  | 20  | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 600.00 |
|--------|

Transaction ID : SB17.4816

**B. Nation Builder Inc.**

Mailing Address 448 S. Hill Street, Suite 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement  
Campaign Website Expense

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 05  | 12  | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 167.00 |
|--------|

Transaction ID : SB17.4867

**c. Nation Builder Inc.**

Mailing Address 448 S. Hill Street, Suite 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement  
Campaign Website

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06  | 09  | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 167.00 |
|--------|

Transaction ID : SB17.4884

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

934.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 36

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PobleteTamargo, LLP**Mailing Address 1020 16th Street, NW  
Suite 700

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Campaign FEC

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 05  | 16  | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1444.00 |
|---------|

Transaction ID : SB17.4538

**B. Property Services, Inc**Mailing Address 6320 Augusta Drive  
#1400

City Springfield State VA Zip Code 22150

Purpose of Disbursement  
Campaign Rent

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 05  | 07  | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1052.00 |
|---------|

Transaction ID : SB17.4535

**c. Property Services, Inc**Mailing Address 6320 Augusta Drive  
#1400

City Springfield State VA Zip Code 22150

Purpose of Disbursement  
Rent Office Space

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06  | 09  | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1052.00 |
|---------|

Transaction ID : SB17.4640

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

3548.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 36

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Springboard Media Strategies**Mailing Address 2169 Astoria Circle  
# 404

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Campaign consulting expense

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 15  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Transaction ID : SB17.4539

**B. Anne Taylor**Mailing Address 1812 Florida Avenue NW  
#1

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Campaign consultant expense

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 05  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 3000.00 |
|---------|

Transaction ID : SB17.4534

**c. Anne Taylor**Mailing Address 1812 Florida Avenue NW  
#1

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Campaign Consulting

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 04  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Transaction ID : SB17.4639

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

8000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 36

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**SUZANNE SCHOLTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Anne Taylor**Mailing Address 1812 Florida Avenue NW  
#1

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Campaign Consultant

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06  | 18  | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : SB17.4641

**B. The Carlyle Gregory Company**

Mailing Address 140 Little Falls Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
Campaign Consulting

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 06  | 02  | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2172.80 |
|---------|

Transaction ID : SB17.4638

**c. The Printed Page**

Mailing Address 900 N Taylor Street

City Arlington State VA Zip Code 22203

Purpose of Disbursement  
Campaign Advertising Expense

Candidate Name

**SUZANNE SCHOLTE**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: VA District: 11

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 05  | 13  | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 763.20 |
|--------|

Transaction ID : SB17.4542

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

4936.00

29894.34

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

PAGE 35 OF 36

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4158

SUZANNE SCHOLTE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

SUZANNE SCHOLTE

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3014 CASTLE ROAD

City

State

ZIP Code

FALLS CHURCH

VA

22014

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 08 / 2014

Date Due

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

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

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

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

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

PAGE 36 OF 36

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4376

SUZANNE SCHOLTE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

SUZANNE SCHOLTE

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3014 CASTLE ROAD

City

State

ZIP Code

FALLS CHURCH

VA

22014

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 31 / 2014

Date Due

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

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

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

20000.00

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