

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

DRAFT NEWT

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer [Electronically Filed] Date / /

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DRAFT NEWT

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20711.28"/>	<input type="text" value="20711.28"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="20711.28"/>	<input type="text" value="20711.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19174.03"/>	<input type="text" value="19174.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1537.25"/>	<input type="text" value="1537.25"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

Write or Type Committee Name

DRAFT NEWT

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 16 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	200.00	200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	200.00	200.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	20511.28	20511.28
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	20711.28	20711.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20711.28	20711.28

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	125.00	125.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	125.00	125.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	125.00	125.00
29. Other Disbursements	18924.03	18924.03
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19174.03	19174.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19174.03	19174.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	200.00	200.00
34. Total Contribution Refunds (from Line 28(d))	125.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75.00	75.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Report amended to include a small number of recurring contributions previously unreported as a result of a data processing error, and to correct the amount of a disbursement to a vendor, related to chargeback activity, which had been deducted from funds raised and not separately invoiced.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DRAFT NEWT

Full Name (Last, First, Middle Initial)
A. Robert Brinkman

Mailing Address 1761 SE 7th St

City Fort Luderdale State FL Zip Code 33316

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

Name of Employer none Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2013
Transaction ID : SA17.5197

Amount of Each Receipt this Period
500.00

Carey account contribution

Full Name (Last, First, Middle Initial)
B. RICHARD CONRAD

Mailing Address 9757 S. LEAVITT

City CHIGAGO State IL Zip Code 60643

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

Name of Employer ST PHILIP CHURCH Occupation PRIEST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2013
Transaction ID : SA17.4331

Amount of Each Receipt this Period
250.00

Carey account contribution

Full Name (Last, First, Middle Initial)
C. Richard Dicharry

Mailing Address 128 Island Drive

City Slidell State LA Zip Code 70458

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

Name of Employer Source Production & Equip Occupation Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA17.5074

Amount of Each Receipt this Period
250.00

Carey account contribution

SUBTOTAL of Receipts This Page (optional).....	▶	1000.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DRAFT NEWT

Full Name (Last, First, Middle Initial)
A. eDonation

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 382.95

Date of Receipt: 11 / 13 / 2013
Transaction ID : SA17.4146

Amount of Each Receipt this Period: 382.95

Carey receipt; list rental

Full Name (Last, First, Middle Initial)
B. eDonation

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1085.85

Date of Receipt: 12 / 10 / 2013
Transaction ID : SA17.4150

Amount of Each Receipt this Period: 702.90

Carey receipt; list rental

Full Name (Last, First, Middle Initial)
C. EDWIN JENNINGS

Mailing Address 1212 Wood Hollow Dr
P.O. BOX 55487

City HOUSTON State TX Zip Code 77255

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

Name of Employer Occupation
retired engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 19 / 2013
Transaction ID : SA17.4457

Amount of Each Receipt this Period: 500.00

Carey account contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1585.85

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DRAFT NEWT

Full Name (Last, First, Middle Initial)
A. George G. Matthews

Mailing Address 1925 N. Flagler Dr.

City State Zip Code
W. Palm Beach FL 33407

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

Name of Employer Occupation
RETIRED Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2013

Transaction ID : SA17.4994

Amount of Each Receipt this Period
500.00

Carey account contribution

Full Name (Last, First, Middle Initial)
B. SCM Enterprises LLC

Mailing Address 717 King Street
Ste 300

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Carey receipt; list rental

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
274.47

Date of Receipt
MM / DD / YYYY
12 / 09 / 2013

Transaction ID : SA17.4152

Amount of Each Receipt this Period
274.47

Carey receipt; list rental

Full Name (Last, First, Middle Initial)
c. SCM Enterprises LLC

Mailing Address 717 King Street
Ste 300

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Carey receipt; list rental

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.59

Date of Receipt
MM / DD / YYYY
12 / 11 / 2013

Transaction ID : SA17.4154

Amount of Each Receipt this Period
33.12

Carey receipt; list rental

SUBTOTAL of Receipts This Page (optional).....▶	807.59
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 15
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DRAFT NEWT

Full Name (Last, First, Middle Initial)
A. SCM Enterprises LLC

Mailing Address 717 King Street
Ste 300

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation
Carey receipt; list rental

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
343.43

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA17.4153

Amount of Each Receipt this Period
35.84

Carey receipt; list rental

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

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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) ▼

Aggregate Year-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).....▶	35.84
TOTAL This Period (last page this line number only).....▶	3429.28

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DRAFT NEWT

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CONGRESSMAN STEVE STOCKMAN

Mailing Address PO BOX 57135

City State Zip Code
WEBSTER TX 77598

Purpose of Disbursement
Candidate contribution

011

Candidate Name

STEVE STOCKMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	3		

Transaction ID : SB23.4112

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JIM TRACY FOR CONGRESS

Mailing Address PO BOX 332490

City State Zip Code
MURFREESBORO TN 37133

Purpose of Disbursement
Candidate contribution

011

Candidate Name

JIM TRACY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	3		

Transaction ID : SB23.4116

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JOE CARR FOR SENATE

Mailing Address PO BOX 192

City State Zip Code
LASCASSAS TN 37085

Purpose of Disbursement
Candidate contribution

011

Candidate Name

JOE S CARR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	3		

Transaction ID : SB23.4118

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7	5	.	0	0
---	---	---	---	---

2	5	.	0	0
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DRAFT NEWT

Full Name (Last, First, Middle Initial) A. KANSANS FOR HUELSKAMP		Date of Disbursement MM / DD / YYYY 09 / 23 / 2013	
Mailing Address PO BOX 410		Transaction ID : SB23.4114 Amount of Each Disbursement this Period 25.00	
City FOWLER	State KS		Zip Code 67844
Purpose of Disbursement Candidate contribution	Category/ Type 011		
Candidate Name TIMOTHY A REPRESENTA HUELSKAMP	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 01		

Full Name (Last, First, Middle Initial) B. PAUL BROUN COMMITTEE		Date of Disbursement MM / DD / YYYY 09 / 23 / 2013	
Mailing Address P.O. BOX 6337		Transaction ID : SB23.4110 Amount of Each Disbursement this Period 25.00	
City ATHENS	State GA		Zip Code 30604
Purpose of Disbursement Candidate contribution	Category/ Type 011		
Candidate Name PAUL COLLINS BROUN	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 00		

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

SUBTOTAL of Disbursements This Page (optional)..... ▶	50.00
TOTAL This Period (last page this line number only)..... ▶	125.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DRAFT NEWT

Full Name (Last, First, Middle Initial)

A. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Carey account; online & email services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SB29.4139

Amount of Each Disbursement this Period

4379.26

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Carey account; online & email services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SB29.4131

Amount of Each Disbursement this Period

2633.17

Full Name (Last, First, Middle Initial)

C. Campaign Solutions

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Carey account; list rental fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : SB29.4142

Amount of Each Disbursement this Period

3075.75

SUBTOTAL of Disbursements This Page (optional)..... ▶

10088.18

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DRAFT NEWT

Full Name (Last, First, Middle Initial)

A. DB Capitol Strategies, PLLC

Mailing Address 203 South Union Street
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Carey account; legal and compliance consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4120

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DB Capitol Strategies, PLLC

Mailing Address 203 South Union Street
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Carey account; legal and compliance consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4129

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Digital Acumen

Mailing Address 148 Long Lane

City East Hampton State NY Zip Code 11937

Purpose of Disbursement
Carey account; list rental fee; fundraising consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4124

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DRAFT NEWT

Full Name (Last, First, Middle Initial)

A. eDonation

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Carey account; transaction processing fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SB29.4141

Amount of Each Disbursement this Period

2297.21

Full Name (Last, First, Middle Initial)

B. Political Media, Inc.

Mailing Address 406 1st Street, SE
3rd floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Carey account; list rental fee

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2013

Transaction ID : SB29.4122

Amount of Each Disbursement this Period

551.25

Full Name (Last, First, Middle Initial)

C. Western Representation PAC

Mailing Address 717 King Street
Ste 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Carey account; list rental fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2013

Transaction ID : SB29.4126

Amount of Each Disbursement this Period

477.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3325.46

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

18890.28