

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 FALLS CHURCH VA 22044

2. FEC IDENTIFICATION NUMBER C C00554147 3. IS THIS REPORT NEW (N) OR AMENDED (A) VA 11

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 11 / 04 / 2014 in the State of VA (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 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 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.

Table with 8 columns and 1 row for Office Use Only. Includes FEC FORM 3 (Revised 02/2003) label.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SUZANNE SCHOLTE FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	17408.00	209314.81
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17408.00	209314.81
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	36178.95	182601.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	142.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36178.95	182458.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	42855.98	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	15000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

SUZANNE SCHOLTE FOR CONGRESS

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

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).....	7219.00	134985.51
(ii) Unitemized.....	9189.00	55329.30
(iii) TOTAL of contributions from individuals ▶	16408.00	190314.81
(b) Political Party Committees.....	0.00	10000.00
(c) Other Political Committees (such as PACs).....	1000.00	9000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17408.00	209314.81
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	142.49
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)..... ▶	17408.00	229457.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36178.95	182601.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	5000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	5000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	36178.95	187601.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	61626.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17408.00
25. SUBTOTAL (add Line 23 and Line 24).....	79034.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36178.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	42855.98

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JoAnn Andren		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2014	
Mailing Address 3160 Readsborough Court		Transaction ID : SA11AI.6468	
City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period Campaign Contribution 25.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Nina McLemore Inc. Retail Management		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. JoAnn Andren		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 3160 Readsborough Court		Transaction ID : SA11AI.6626	
City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period Campaign Contribution 50.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Nina McLemore Inc. Retail Management		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. Thomas Barker		Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 342-11th Street SE		Transaction ID : SA11AI.6412	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period Campaign Contribution 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Foley Hoang Partner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Linda Bartlett		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 4316 Wakefield Drive		Transaction ID : SA11AI.6386	
City Annandale	State VA	Zip Code 22003	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00		

Full Name (Last, First, Middle Initial) B. Dean Bittle		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 12139 Eddyspark Drive		Transaction ID : SA11AI.6663	
City Herndon	State VA	Zip Code 20170	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Audi of Tyson's Corner	Occupation Foreman/Technician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. Bonnie Burkhardt		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014	
Mailing Address 8402 Gambrill Lane		Transaction ID : SA11AI.6705	
City Springfield	State VA	Zip Code 22153	Amount of Each Receipt this Period Campaign Contribution 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Software Engineer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 7 OF 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Cash

Mailing Address 4225 Willow Woods Drive

City Annandale State VA Zip Code 22003

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

Name of Employer NVCC Annandale Campus Occupation Auto & Equipment Repair Tech

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.6650

Amount of Each Receipt this Period
 _____ 250.00

Campaign Contribution

B. 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
 _____ 800.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.6405

Amount of Each Receipt this Period
 _____ 250.00

Campaign Contribution

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

Mailing Address 1007 Calmes Neck Land

City Boyce State VA Zip Code 22620

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.6696

Amount of Each Receipt this Period
 _____ 100.00

Campaign Contribution

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

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

_____ 600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
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 General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.6485

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

Mailing Address P.O. Box 152

City Occoquan State VA Zip Code 22125

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
294.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.6707

Amount of Each Receipt this Period
30.00

Campaign Contribution

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

Mailing Address 143 Martin Lane

City Alexandria State VA Zip Code 22304

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

Name of Employer Capital City Partner Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 11 / 2014

Transaction ID : SA11AI.6699

Amount of Each Receipt this Period
100.00

Campaign Contribution

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

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

380.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hugh Iwanicki

Mailing Address 8201 Toll House road

City Annandale State VA Zip Code 22003

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

Name of Employer Defense Contract Audit Agency Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
330.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.6491

Amount of Each Receipt this Period
50.00

Campaign Contribution

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

Mailing Address 1405 S Fern Street
145

City Arlington State VA Zip Code 22202

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

Name of Employer SAIC Leidos Occupation Defense Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 11 / 2014

Transaction ID : SA11AI.6592

Amount of Each Receipt this Period
250.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Gloria Jones

Mailing Address 5442 Mount Corcoran Place

City Burke State VA Zip Code 22015

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

Name of Employer Retired Occupation RETired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.6483

Amount of Each Receipt this Period
100.00

Campaign Contribution

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

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

400.00

**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 10 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Lassiter

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 General
 Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.6390

Amount of Each Receipt this Period
250.00

Campaign Contribution

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

Mailing Address 2539 Logmill Road

City Haymarket State VA Zip Code 20169

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.6620

Amount of Each Receipt this Period
50.00

Campaign Contribution

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

Mailing Address 15050 Lees Crossing Lane

City Leesburg State VA Zip Code 20176

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

Name of Employer Self Occupation Agriculture Education

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11AI.6452

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).....

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. James Pan		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 1983 Lakeport Way		Transaction ID : SA11AI.6406	
City Reston	State VA	Zip Code 20191	Amount of Each Receipt this Period Campaign Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Security Analyst		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) B. Rebecca Pick		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 3185 Wheatland farms Drive		Transaction ID : SA11AI.6627	
City Oakton	State VA	Zip Code 22124	Amount of Each Receipt this Period Campaign Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Political Organizer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) C. David Potter		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 2778 Noble Fir Court		Transaction ID : SA11AI.6624	
City Woodbridge	State VA	Zip Code 22192	Amount of Each Receipt this Period Campaign Contribution 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jhoon Rhee

Mailing Address 1450 Emerson Avenue

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Jhoon Rhee Seminars Marshal Arts Instructor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
329.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.6395

Amount of Each Receipt this Period
329.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Allan W Rupp

Mailing Address 1387 Park lake Drive

City State Zip Code
Reston VA 20190

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.6387

Amount of Each Receipt this Period
100.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Rufus Shumate

Mailing Address 5014 Woodland Way

City State Zip Code
Annandale VA 22003

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.6615

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).....

729.00

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

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

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

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rufus Shumate

Mailing Address 5014 Woodland Way

City Annandale State VA Zip Code 22003

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.6617

Amount of Each Receipt this Period
 300.00

Campaign Contribution

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

Mailing Address 6150 Sunpatterns Trail

City Fairfax Station State VA Zip Code 22039

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

Name of Employer Home Maker Occupation Home Maker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.6391

Amount of Each Receipt this Period
 250.00

Campaign Contribution

C. Full Name (Last, First, Middle Initial)
Martha J Stanford

Mailing Address 4519 Kenwood Drive

City Woodbridge State VA Zip Code 22193

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.6669

Amount of Each Receipt this Period
 50.00

Campaign Contribution

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael L Stern

Mailing Address 8529 Century Oak Court

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer Occupation
Self Attorney

Receipt For: 2015
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.6393

Amount of Each Receipt this Period
250.00
 Campaign Contribution

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

Mailing Address 2508 Pegasus Lane

City State Zip Code
Reston VA 20191

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.6640

Amount of Each Receipt this Period
25.00
 Campaign Contribution

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

Mailing Address 2490 Tree House Drive

City State Zip Code
Woodbridge VA 22192

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

Name of Employer Occupation
Prince William County Republic Staffer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
330.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.6706

Amount of Each Receipt this Period
30.00
 Campaign Contribution

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

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

305.00

**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 15 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

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

Mailing Address 2490 Tree House Drive

City Woodbridge State VA Zip Code 22192

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

Name of Employer Prince William County Republic Occupation Staffer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **380.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.6362

Amount of Each Receipt this Period
50.00

Campaign Contribution

B. 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 **825.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.6369

Amount of Each Receipt this Period
25.00

Campaign Contribution

C. 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 **855.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11AI.6370

Amount of Each Receipt this Period
30.00

Campaign Contribution

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

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

105.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Joanne Wyman		Date of Receipt M M / D D / Y Y Y Y 10 / 02 / 2014	
Mailing Address 2016 Spring Branch Drive		Transaction ID : SA11AI.6692	
City Vienna	State VA	Zip Code 22181	Amount of Each Receipt this Period Campaign Contribution 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer JW Event	Occupation Management		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) B. Joanne Wyman		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 2016 Spring Branch Drive		Transaction ID : SA11AI.6704	
City Vienna	State VA	Zip Code 22181	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer JW Event	Occupation Management		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00		

Full Name (Last, First, Middle Initial) C. Joanne Wyman		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 2016 Spring Branch Drive		Transaction ID : SA11AI.6654	
City Vienna	State VA	Zip Code 22181	Amount of Each Receipt this Period Campaign Contribution 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer JW Event	Occupation Management		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1325.00		

SUBTOTAL of Receipts This Page (optional).....	1125.00
TOTAL This Period (last page this line number only).....	7219.00

**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 17 OF 29
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

Mailing Address 3128 N. 17TH STREET

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00010363

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11C.6747

Amount of Each Receipt this Period
 Campaign contribution
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / 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).....

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACT Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1602 Elder Ave		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6723
City Chesapeake	State VA Zip Code 22325	
Purpose of Disbursement Campaign COnsulting Expense	001	Category/ Type
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) B. ACT Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1602 Elder Ave		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.6725
City Chesapeake	State VA Zip Code 22325	
Purpose of Disbursement Campaign Consulting Expense	001	Category/ Type
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) c. ACT Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 1602 Elder Ave		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.6713
City Chesapeake	State VA Zip Code 22325	
Purpose of Disbursement Campaign Consulting Expense	001	Category/ Type
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Allegra Printing		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 2812 Merrilee Drive		Amount of Each Disbursement this Period 2893.97 Transaction ID : SB17.6742
City State Zip Code Fairfax VA 22031	Purpose of Disbursement Campaign printing expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) B. AT & T		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 6645 Arlington Blvd		Amount of Each Disbursement this Period 278.59 Transaction ID : SB17.6715
City State Zip Code Falls Church VA 22042	Purpose of Disbursement Campaign Communication Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) C. Cox Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 5958 Kingstowne Town Center Suite 100		Amount of Each Disbursement this Period 1306.87 Transaction ID : SB17.6733
City State Zip Code Alexandria VA 22315	Purpose of Disbursement Campaign communications expense. 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: VA District: 11		

SUBTOTAL of Disbursements This Page (optional).....	4479.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. Don's Buttons		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 3906 W. Morrow Drive		Amount of Each Disbursement this Period 327.37 Transaction ID : SB17.6750
City Glandale State AZ Zip Code 85308	Purpose of Disbursement Campaign materials expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) B. Dr. Don's Buttons		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 3906 W. Morrow Drive		Amount of Each Disbursement this Period 558.80 Transaction ID : SB17.6350
City Glandale State AZ Zip Code 85308	Purpose of Disbursement Campaign Advertising Expense 004 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 367.81 Transaction ID : SB17.6752
City Menlo Park State CA Zip Code 94025	Purpose of Disbursement Campaign internet advertising expense 004 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

SUBTOTAL of Disbursements This Page (optional).....	1253.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 29		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Peter Foster		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 5601 Turkey Oak Raod		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.6724
City Richmond	State VA Zip Code 23237	
Purpose of Disbursement Campaign COnsulting Expense	Category/Type 001	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) B. Peter Foster		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 5601 Turkey Oak Raod		Amount of Each Disbursement this Period 301.52 Transaction ID : SB17.6743
City Richmond	State VA Zip Code 23237	
Purpose of Disbursement Reimbursement for campaign supplies expense	Category/Type 001	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) c. Carlyle Gregory Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 6709 Kennedy Lane		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6720
City Falls Church	State VA Zip Code 22042	
Purpose of Disbursement Campaign Consulting Expense	Category/Type 001	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

SUBTOTAL of Disbursements This Page (optional).....	4801.52
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Justin Higgins		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 16560 Nanticoke Way APT 102		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6722
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement Campaign Consulting Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.6719
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Kelley McLean		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1111 Arlington Blvd # 912		Amount of Each Disbursement this Period 1249.00 Transaction ID : SB17.6741
City Arlington State VA Zip Code 22209	Purpose of Disbursement Campaign Consulting Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 3749.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Nation Builder Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 448 S. Hill Street, Suite 200		Amount of Each Disbursement this Period 3749.00
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement Campaign software expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 3749.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3749.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 29		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NOVA Digital Flims		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 9702 Dublin Drive		Amount of Each Disbursement this Period 2200.00 Transaction ID : SB17.6737
City Manassas State VA Zip Code 20109	Purpose of Disbursement Campaign video production expense Category/Type 004	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Property Services, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 6320 Augusta Drive #1400		Amount of Each Disbursement this Period 1052.00 Transaction ID : SB17.6714
City Springfield State VA Zip Code 22150	Purpose of Disbursement Campaign Rental Category/Type 001	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. PR Solutions		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1707 I Street NW		Amount of Each Disbursement this Period 3361.09 Transaction ID : SB17.6739
City Washington State DC Zip Code 20036	Purpose of Disbursement Campaign advertising expense Category/Type 004	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	6613.09
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Springboard Media Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 2169 Astoria Circle # 404		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6717
City Herndon State VA Zip Code 20170	Purpose of Disbursement Campaign Media Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1104 West Broad Street		Amount of Each Disbursement this Period 149.14 Transaction ID : SB17.6731
City Falls Church State VA Zip Code 22046	Purpose of Disbursement Campaign supplies expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) c. Stephens, Randy		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 6724 Princess Anne Lane		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.6721
City Falls Church State VA Zip Code 22042	Purpose of Disbursement Campaign Consulting Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

SUBTOTAL of Disbursements This Page (optional).....	2949.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stephens, Randy		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 6724 Princess Anne Lane		Amount of Each Disbursement this Period 1133.00 Transaction ID : SB17.6712
City Falls Church State VA Zip Code 22042	Purpose of Disbursement Campaign Contribution 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6726
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Anne Taylor		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 1812 Florida Avenue NW #1		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6726
City Washington State DC Zip Code 20009	Purpose of Disbursement Campaign payroll Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6711
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Anne Taylor		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1812 Florida Avenue NW #1		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.6711
City Washington State DC Zip Code 20009	Purpose of Disbursement Campaign Consulting Expense 001 Category/Type	
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		Amount of Each Disbursement this Period 5133.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	5133.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 29		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Pat Trueman		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 10350 Southam Lane		Amount of Each Disbursement this Period 534.27 Transaction ID : SB17.6735
City Oakton	State VA	
Purpose of Disbursement Campaign consultant expense.		Category/ Type 001
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District: 11	

Full Name (Last, First, Middle Initial) B. Pat Trueman		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 10350 Southam Lane		Amount of Each Disbursement this Period 534.27 Transaction ID : SB17.6749
City Oakton	State VA	
Purpose of Disbursement Campaign consultant expense.		Category/ Type 001
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District: 11	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 6375 Seven Corners		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6716
City Falls Church	State VA	
Purpose of Disbursement Campaign Postage.		Category/ Type 001
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District: 11	

SUBTOTAL of Disbursements This Page (optional).....	2068.54
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SUZANNE SCHOLTE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 7393 Lee Hwy,		Amount of Each Disbursement this Period 550.26
City Falls Church	State VA Zip Code 22042	
Purpose of Disbursement Campaign telephone expense	Category/Type 001	Transaction ID : SB17.6729
Candidate Name SUZANNE SCHOLTE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

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

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

SUBTOTAL of Disbursements This Page (optional).....	550.26
TOTAL This Period (last page this line number only).....	36097.96

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) SUZANNE SCHOLTE	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3014 CASTLE ROAD		

City	State	ZIP Code
FALLS CHURCH	VA	22014

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	5000.00	5000.00

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

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

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

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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

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

City State ZIP Code
 FALLS CHURCH VA 22014

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS Date Incurred Date Due Interest Rate Secured:
 M 03 / D 31 / Y 2014 M M / D D / Y 12/31/2014 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶ 10000.00
TOTALS This Period (last page in this line only).....	▶ 15000.00

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