

# 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

WASINGER FOR CONGRESS

ADDRESS (number and street) 10638 TIMBERIDGE ROAD

Check if different than previously reported. (ACC)

FAIRFAX STATION

VA

22039

2. **FEC IDENTIFICATION NUMBER**

C C00557603

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

VA

10

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

through

M M /

D D /

Y Y Y Y

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 MARILYN C WASINGER

Signature of Treasurer MARILYN C WASINGER

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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 / 17

Write or Type Committee Name

**WASINGER FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

To:

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	11388.14	94130.56
(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)).....	11388.14	94130.56
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	20262.04	93702.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	136.15	136.15
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20125.89	93566.51
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>		
	564.05	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
	29483.00	

**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

**WASINGER 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).....	9250.00	58455.14
(ii) Unitemized.....	2138.14	27916.42
(iii) TOTAL of contributions from individuals ▶	11388.14	86371.56
(b) Political Party Committees.....	0.00	1000.00
(c) Other Political Committees (such as PACs).....	0.00	6000.00
(d) The Candidate.....	0.00	759.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11388.14	94130.56
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	136.15	136.15
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	11524.29	94266.71

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20262.04	93702.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	20262.04	93702.66

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9301.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11524.29
25. SUBTOTAL (add Line 23 and Line 24).....	20826.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20262.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	564.05

**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 17
	<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)  
**WASINGER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**David H Barron**

Mailing Address 22 Lake Village Lane

City State Zip Code  
Isle of Palms SC 29451

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

Name of Employer Occupation  
Int'l Conservation Caucus Foun Chairman of the Board

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2014

**Transaction ID : SA11AI.5592**

Amount of Each Receipt this Period  
250.00  
individual contribution

**B.** Full Name (Last, First, Middle Initial)  
**Scott J Bloch**

Mailing Address 9156 Moonstone Dr

City State Zip Code  
Fairfax VA 22031

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

Name of Employer Occupation  
Self employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2014

**Transaction ID : SA11AI.5584**

Amount of Each Receipt this Period  
500.00  
individual contribution

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

Mailing Address 34441 Chantilly Ct

City State Zip Code  
Farmington Hills MI 48335

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

Name of Employer Occupation  
Shifman & Carlson Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 21 / 2014

**Transaction ID : SA11AI.5644**

Amount of Each Receipt this Period  
150.00  
individual contribution

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<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)  
**WASINGER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph L Cubba**

Mailing Address 9139 Moonstone Drive

City State Zip Code  
Fairfax VA 22031

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

Name of Employer Occupation  
IBM executive

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**750.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 22 / 2014**

**Transaction ID : SA11AI.5636**

Amount of Each Receipt this Period  
**250.00**  
individual contribution

**B.** Full Name (Last, First, Middle Initial)  
**John Dematteo**

Mailing Address 30 Albion Road

City State Zip Code  
Wellesley MA 02481

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

Name of Employer Occupation  
Park Square Revival Corp President

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : SA11AI.5654**

Amount of Each Receipt this Period  
**1000.00**  
individual contribution

**C.** Full Name (Last, First, Middle Initial)  
**John B Gantt Jr**

Mailing Address 800 Dolly Madison Blvd

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
International Conservation President

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : SA11AI.5574**

Amount of Each Receipt this Period  
**250.00**  
individual 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: (check only one)	PAGE 7 OF 17
	<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)  
**WASINGER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jordan Gehrke**

Mailing Address 18 E Montgomery St

City Hillsdale State MI Zip Code 49242

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

Name of Employer Self employed Occupation Self employed business & consulting

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : SA11AI.5583**

Amount of Each Receipt this Period  
**250.00**  
 individual contribution

**B.** Full Name (Last, First, Middle Initial)  
**Brad Hoopes**

Mailing Address 9104 Osprey Ridge Lane

City Lorton State VA Zip Code 22079

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

Name of Employer NSS Occupation business owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 18 / 2014**

**Transaction ID : SA11AI.5585**

Amount of Each Receipt this Period  
**300.00**  
 individual contribution

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

Mailing Address 9104 Osprey Ridge Lane

City Lorton State VA Zip Code 22079

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

Name of Employer NSS Occupation business owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : SA11AI.5635**

Amount of Each Receipt this Period  
**250.00**  
 individua 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 8 OF 17
	<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)  
**WASINGER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Kaye Huntsman**

Mailing Address 2121 Leroy Place

City Washington State DC Zip Code 20008

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

Name of Employer n/a Occupation homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 19 / 2014

**Transaction ID : SA11AI.5541**

Amount of Each Receipt this Period  
 2600.00

Individual contribution

**B.** Full Name (Last, First, Middle Initial)  
**Cornelius McGillicuddy**

Mailing Address 15081 Tamarind Cay Ct.

City Ft. Myers State FL Zip Code 33908

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

Name of Employer Self Employed Occupation consultant

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11AI.5641**

Amount of Each Receipt this Period  
 500.00

individual contribution

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

Mailing Address 9587 Bronte Drive

City Burke State VA Zip Code 22015

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

Name of Employer House of Representatives Occupation Chief of Staff

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.5647**

Amount of Each Receipt this Period  
 500.00

individual contribution

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

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

3600.00



**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 17
	<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)  
**WASINGER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen McLaughlen**

Mailing Address 14 Bradford Rd

City Weston State MA Zip Code 02493

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

Name of Employer self employed Occupation orthodontist

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 19 / 2014

**Transaction ID : SA11AI.5588**

Amount of Each Receipt this Period  
 500.00  
 individual contribution

**B.** Full Name (Last, First, Middle Initial)  
**Russell E Saltzman**

Mailing Address 4516 NW 79th Terrace

City Kansas City State MO Zip Code 64151

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

Name of Employer self employed Occupation Clergy

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11AI.5628**

Amount of Each Receipt this Period  
 100.00  
 individual contribution

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

Mailing Address 108 Jett St

City Aberdeen State MS Zip Code 39730-2912

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : SA11AI.5616**

Amount of Each Receipt this Period  
 250.00  
 individual contribution

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

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

850.00

**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 17
	<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)  
**WASINGER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Wallace E Smith</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2014	
Mailing Address 25535 Shoreline Drive		<b>Transaction ID : SA11AI.5580</b>	
City Novi	State MI	Zip Code 48374	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 individual contribution	
Name of Employer E&E Mtg. Co	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>Christian G Vergonis</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2014	
Mailing Address 5919 Woodley Road		<b>Transaction ID : SA11AI.5575</b>	
City McLean	State VA	Zip Code 22101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 individual contribution	
Name of Employer Jones Day	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>MARILYN C WASINGER</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2014	
Mailing Address 2412 PERSHING DRIVE		<b>Transaction ID : SA11AI.5579</b>	
City HAYS	State KS	Zip Code 67601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 individual contribution	
Name of Employer BRUNGARDT HOWER	Occupation CPA		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 525.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 17
	<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)  
**WASINGER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jian Hua Yang**

Mailing Address 141 Monument St

City State Zip Code  
Rockville MD 20850

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

Name of Employer self employed Occupation self employed

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11A1.5656**

Amount of Each Receipt this Period  
 1000.00  
 individual contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / 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

9250.00

**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 12 OF 17			
	<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)  
**WASINGER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address P.O. Box 15285		Amount of Each Disbursement this Period 238.15 <b>Transaction ID : SB17.5567</b>
City Wilmington	State DE	
Purpose of Disbursement wire transfer and bank fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address P.O. Box 15285		Amount of Each Disbursement this Period 19.80 <b>Transaction ID : SB17.5570</b>
City Wilmington	State DE	
Purpose of Disbursement bank fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address P.O. Box 15285		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : SB17.5571</b>
City Wilmington	State DE	
Purpose of Disbursement bank transaction fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	271.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 17			
	<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)  
**WASINGER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Candidate Command, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1420 NW Vivion STE 113		Amount of Each Disbursement this Period 4054.13 <b>Transaction ID : SB17.5564</b>
City Kansas City State MO Zip Code 64118	Purpose of Disbursement design, print and mailing campaign materials 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Candidate Command, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1420 NW Vivion STE 113		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.5552</b>
City Kansas City State MO Zip Code 64118	Purpose of Disbursement design, print, mailing campaign materials 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Candidate Command, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 1420 NW Vivion STE 113		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.5553</b>
City Kansas City State MO Zip Code 64118	Purpose of Disbursement design, printing and mailing campaign materials 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12054.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17			
	<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)  
**WASINGER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Flyers to You, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 41917 Briarwood Ave		Amount of Each Disbursement this Period 998.87 <b>Transaction ID : SB17.5554</b>
City Hemet State CA Zip Code 62544	Purpose of Disbursement brochures and flyers Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Innovative Public Affairs</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1120 Greenleaf Drive		Amount of Each Disbursement this Period 5500.00 <b>Transaction ID : SB17.5565</b>
City Royal Oak State MI Zip Code 48067	Purpose of Disbursement campaign consulting and management services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Priceline Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period 362.16 <b>Transaction ID : SB17.5549</b>
City Norwalk State CT Zip Code 06854	Purpose of Disbursement lodging for staff Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: VA District: 10	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6861.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 17			
	<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)  
**WASINGER FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Priceline Hotels</b>		M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period	
City Norwalk State CT Zip Code 06854		484.22	
Purpose of Disbursement lodging for campaign staff		Transaction ID : SB17.5556	
Candidate Name		Category/Type 001	
Office Sought:	House Senate President	Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Priceline Hotels</b>		M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period	
City Norwalk State CT Zip Code 06854		83.79	
Purpose of Disbursement travel costs - lodging		Transaction ID : SB17.5561	
Candidate Name		Category/Type 002	
Office Sought:	House Senate President	Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State:	District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	568.01
<b>TOTAL</b> This Period (last page this line number only).....	19755.12

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**WASINGER FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Candidate Command, LLC</b>	Nature of Debt (Purpose): printing and mailing campaign materials
Mailing Address 1420 NW Vivion STE 113	
City State Zip Code Kansas City MO 64118	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.5659</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="9281.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="9281.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Candidate Command, LLC</b>	Nature of Debt (Purpose): printing and mailing campaign advertisement materials
Mailing Address 1420 NW Vivion STE 113	
City State Zip Code Kansas City MO 64118	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.5660</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="9281.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="9281.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Candidate Command, LLC</b>	Nature of Debt (Purpose): printing and mailing costs campaign advertising
Mailing Address 1420 NW Vivion STE 113	
City State Zip Code Kansas City MO 64118	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.5661</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="5281.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="5281.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="23843.00"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text"/>



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**WASINGER FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Candidate Command, LLC**

Nature of Debt (Purpose):

printing and mailing campaign advertising materials

Mailing Address 1420 NW Vivion  
STE 113

City State Zip Code  
Kansas City MO 64118

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5662

Amount Incurred This Period

2140.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2140.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Glenn Clark**

Nature of Debt (Purpose):

Campaign management

Mailing Address 2350 Milverton Drive

City State Zip Code  
Troy MI 48083

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5663

Amount Incurred This Period

3500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

5640.00

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

29483.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

29483.00