

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Friends of Democracy

ADDRESS (number and street)

P O Box 33691

Check if different than previously reported. (ACC)

Washington DC 20033

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

C C00520080

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

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

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on / / in the State of

5. Covering Period / / 07 / 01 / 2014 through / / 09 / 30 / 2014

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

Type or Print Name of Treasurer David Donnelly

Signature of Treasurer *David Donnelly* [Electronically Filed] Date / / 10 / 15 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Friends of Democracy

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="424153.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="650359.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="786460.00"/>	<input type="text" value="1403065.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1436819.07"/>	<input type="text" value="1827218.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1317587.60"/>	<input type="text" value="1707987.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="119231.47"/>	<input type="text" value="119231.47"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Friends of Democracy

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15000.00	31175.00
(ii) Unitemized	460.00	890.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15460.00	32065.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15460.00	32065.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	771000.00	1371000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	786460.00	1403065.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	786460.00	1403065.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	9548.31	82190.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9548.31	82190.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	400.00	6706.94
24. Independent Expenditures (use Schedule E)	0.00	49385.30
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1307639.29	1569704.41
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1317587.60	1707987.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1317587.60	1707987.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15460.00	32065.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15460.00	32065.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9548.31	82190.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9548.31	82190.63

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Friends of Democracy

A. Alex Soros
Full Name (Last, First, Middle Initial)
Mailing Address 888 7th Ave
City New York State NY Zip Code 10106-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation Graduate Student
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 08 / 2014
Transaction ID : VN8AJD0QW62
Amount of Each Receipt this Period
5000.00

B. Andrea Soros
Full Name (Last, First, Middle Initial)
Mailing Address 888 7th Ave
City New York State NY Zip Code 10106-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Trace Foundation Occupation Executive Director, Founder
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 13 / 2014
Transaction ID : VN8AJD0QWB1
Amount of Each Receipt this Period
5000.00

C. Robert Nathan
Full Name (Last, First, Middle Initial)
Mailing Address 27 N Moore St 2A
City New York State NY Zip Code 10013-5721
FEC ID number of contributing federal political committee. **C**
Name of Employer North Mohawk Capital Occupation Executive
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 29 / 2014
Transaction ID : VN8AJD6W190
Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	15000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial) A. Alex Soros		Date of Receipt MM / DD / YYYY 07 / 08 / 2014 Transaction ID : VN8AJCXGTF5
Mailing Address 888 7th Ave		Amount of Each Receipt this Period 370000.00
City New York	State NY	Zip Code 10106-0001
FEC ID number of contributing federal political committee. C		
Name of Employer n/a	Occupation Graduate Student	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370000.00	

Full Name (Last, First, Middle Initial) B. Andrea Soros		Date of Receipt MM / DD / YYYY 08 / 13 / 2014 Transaction ID : VN8AJD0QS32
Mailing Address 888 7th Ave		Amount of Each Receipt this Period 145000.00
City New York	State NY	Zip Code 10106-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Trace Foundation	Occupation Executive Director, Founder	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 145000.00	non-contribution account

Full Name (Last, First, Middle Initial) C. Ann Allan		Date of Receipt MM / DD / YYYY 09 / 05 / 2014 Transaction ID : VN8AJD31Z03
Mailing Address 219 Ely Rd		Amount of Each Receipt this Period 1000.00
City Akron	State OH	Zip Code 44313-4449
FEC ID number of contributing federal political committee. C		
Name of Employer retired from Kent State Univ	Occupation retired Professor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	516000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Friends of Democracy

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

Mailing Address 888 7th Ave

City New York State NY Zip Code 10106-0001

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

Name of Employer Soros Fund Management Occupation Chairman

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

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

Transaction ID : VN8AJD3VCH3

Amount of Each Receipt this Period
 250000.00

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

Mailing Address 27 N Moore St
2A

City New York State NY Zip Code 10013-5721

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

Name of Employer North Mohawk Capital Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2014

Transaction ID : VN8AJD65R24

Amount of Each Receipt this Period
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250000.00
TOTAL This Period (last page this line number only).....▶	771000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Washington, DC Corporate Team 1

Mailing Address 1015 15th St NW
Ste 1000

City Washington State DC Zip Code 20005-2621

Purpose of Disbursement
Filing fee

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : VN7BA9T32W5

Amount of Each Disbursement this Period

182.50

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Bank fee

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : VN7BA9T3194

Amount of Each Disbursement this Period

31.11

Full Name (Last, First, Middle Initial)

C. NGP Van

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Data Management

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : VN7BA9T8TS3

Amount of Each Disbursement this Period

50.00

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

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

263.61

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Elizabeth Schilling

Mailing Address 100 I St SE
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement
Consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9T8TQ9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Every Voice

Mailing Address 1133 19th St NW
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement
staffing & office use reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9TC5C6

Amount of Each Disbursement this Period

Duhalde \$2094, Robinson \$591, Stovall \$181+ \$2634 office

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9TNGH1

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Libertas, LLC

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement
Communications Consulting

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : VN7BA9TBGX6

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Libertas, LLC

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement
In Kind:see Sch B Line 23, Transaction VN7BA9THJW2

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : VN7BA9TNHE9

Amount of Each Disbursement this Period

400.00

[MEMO ITEM]
* NH cd 2

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Bank fee

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2014

Transaction ID : VN7BA9TNGG4

Amount of Each Disbursement this Period

122.37

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

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

222.37

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Judy Maslen

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement
Accounting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	4

Transaction ID : VN7BA9TNJ68

Amount of Each Disbursement this Period

6	5	0	.	3	8
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Full Name (Last, First, Middle Initial)

B. Elizabeth Schilling

Mailing Address 100 I St SE
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement
Consulting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	4

Transaction ID : VN7BA9TSTD3

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Bank fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	4

Transaction ID : VN7BA9V8YG3

Amount of Each Disbursement this Period

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

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

1	3	5	.	3	8
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TOTAL This Period (last page this line number only)..... ▶

1	3	5	.	3	8
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Elizabeth Schilling

Mailing Address 100 I St SE
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2014

Transaction ID : VN7BA9TYAS1

Amount of Each Disbursement this Period

174.09

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Bank fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

003
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2014

Transaction ID : VN7BA9V8YJ9

Amount of Each Disbursement this Period

27.61

Full Name (Last, First, Middle Initial)

C. Salsa Labs Inc

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267-4533

Purpose of Disbursement
Advocacy Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : VN7BA9VBGY6

Amount of Each Disbursement this Period

1050.00

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

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

1251.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9W13P9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Judy Maslen

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement
Accounting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9W2PS2

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Libertas, LLC

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement
Communications Consulting

001

Category/
Type

Candidate Name

Ann McLane Kuster

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2014

Transaction ID : VN7BA9THJW2

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

400.00

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

400.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Washington, DC Corporate Team 1

Mailing Address 1015 15th St NW
Ste 1000

City Washington State DC Zip Code 20005-2621

Purpose of Disbursement
Filing fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9T31A2

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

B. Elizabeth Schilling

Mailing Address 100 I St SE
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9SX912

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

C. United States Treasury

Mailing Address IRS Service Center

City Andover State MA Zip Code 01055

Purpose of Disbursement
Payroll taxes-employer share

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9SX979

Amount of Each Disbursement this Period

non-contribution account

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. The Other 98% Action

Mailing Address 13324 SW 220th St

City Vashon State WA Zip Code 98070-6306

Purpose of Disbursement
Internet Consulting

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : VN7BA9T2GH0

Amount of Each Disbursement this Period

10000.00

non-contribution account

Full Name (Last, First, Middle Initial)

B. Elizabeth Schilling

Mailing Address 100 I St SE
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : VN7BA9TNH16

Amount of Each Disbursement this Period

3255.00

non-contribution account

Full Name (Last, First, Middle Initial)

C. United States Treasury

Mailing Address IRS Service Center

City Andover State MA Zip Code 01055

Purpose of Disbursement
Payroll taxes-employer share

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : VN7BA9TNH40

Amount of Each Disbursement this Period

249.01

non-contribution account

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

13504.01

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Every Voice

Mailing Address 1133 19th St NW
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement
office, data mgt & research cost allocation

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9TC5B8

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

B. Every Voice

Mailing Address 1133 19th St NW
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement
donation

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WRVE8

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

C. Every Voice

Mailing Address 1133 19th St NW
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement
Voter file

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9RW26

Amount of Each Disbursement this Period

Reimb for purchase from Catalist on 8/7 (non-contribution account)

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Catalist

Mailing Address 1090 Vermont Ave NW
Ste 300

City Washington State DC Zip Code 20005-4966

Purpose of Disbursement
voter file

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WRW18

Amount of Each Disbursement this Period

[MEMO ITEM]

* FoD reimbursed Every Voice for this purchase from Catalist

Full Name (Last, First, Middle Initial)

B. Every Voice

Mailing Address 1133 19th St NW
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement
Voter file

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WRW34

Amount of Each Disbursement this Period

Reimb for purchase from Catalist on 7/1 (non-contribution account)

Full Name (Last, First, Middle Initial)

C. Catalist

Mailing Address 1090 Vermont Ave NW
Ste 300

City Washington State DC Zip Code 20005-4966

Purpose of Disbursement
voter file

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WRWD3

Amount of Each Disbursement this Period

[MEMO ITEM]

* FoD reimbursed Every Voice for this purchase from Catalist

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Every Voice

Mailing Address 1133 19th St NW
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement
polling

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WRW42

Amount of Each Disbursement this Period

Reimb for Greenberg,Quinlan,Rosner Research disb of 8/27/14 (non-contribution account)

Full Name (Last, First, Middle Initial)

B. Greenberg Quinlan Rosner Research

Mailing Address 10 G St NE
Ste 50

City Washington State DC Zip Code 20002-4213

Purpose of Disbursement
Polling

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9WRVZ2

Amount of Each Disbursement this Period

[MEMO ITEM]

* Paid by Every Voice & reimbursed (non-contribution account)

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Bank fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9TNGJ9

Amount of Each Disbursement this Period

non-contribution account

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Every Voice Action

Mailing Address 1133 19th St NW
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : VN7BA9TNHK8

Amount of Each Disbursement this Period

250000.00

non-contribution account

Full Name (Last, First, Middle Initial)

B. Libertas, LLC

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement
Communications Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014

Transaction ID : VN7BA9TBGW8

Amount of Each Disbursement this Period

7500.00

non-contribution account

Full Name (Last, First, Middle Initial)

C. Elizabeth Schilling

Mailing Address 100 I St SE
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : VN7BA9TNH24

Amount of Each Disbursement this Period

3255.00

non-contribution account

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

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

260755.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. United States Treasury

Mailing Address IRS Service Center

City Andover State MA Zip Code 01055

Purpose of Disbursement
Payroll taxes-employer share

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2014

Transaction ID : VN7BA9TNH65

Amount of Each Disbursement this Period

249.01

non-contribution account

Full Name (Last, First, Middle Initial)

B. Libertas, LLC

Mailing Address 3528 Shaw Ave

City Cincinnati State OH Zip Code 45208-1416

Purpose of Disbursement
Communications Consultant Travel

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2014

Transaction ID : VN7BA9V8YK7

Amount of Each Disbursement this Period

756.42

non-contribution account

Full Name (Last, First, Middle Initial)

C. Judy Maslen

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement
Accounting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2014

Transaction ID : VN7BA9TNJ76

Amount of Each Disbursement this Period

363.00

non-contribution account

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

1368.43

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. The Other 98% Action

Mailing Address 13324 SW 220th St

City Vashon State WA Zip Code 98070-6306

Purpose of Disbursement
Internet Consulting

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	4

Transaction ID : VN7BA9TNJ27

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

non-contribution account

Full Name (Last, First, Middle Initial)

B. Elizabeth Schilling

Mailing Address 100 I St SE
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement
Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	4

Transaction ID : VN7BA9TTF05

Amount of Each Disbursement this Period

3	2	5	5	0	0	0	0	0	0

non-contribution account

Full Name (Last, First, Middle Initial)

C. United States Treasury

Mailing Address IRS Service Center

City Andover State MA Zip Code 01055

Purpose of Disbursement
Payroll taxes-employer share

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	4

Transaction ID : VN7BA9TTF13

Amount of Each Disbursement this Period

2	4	9	0	1	0	0	0	0	0

non-contribution account

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

1	3	5	0	4	0	1	0	0	0

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

1	3	5	0	4	0	1	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Bank fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9V8YH1

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

B. Elizabeth Schilling

Mailing Address 100 I St SE
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement
Insurance

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9TYAT9

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

C. Elizabeth Schilling

Mailing Address 100 I St SE
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement
Salary

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9V8YE7

Amount of Each Disbursement this Period

non-contribution account

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. United States Treasury

Mailing Address IRS Service Center

City Andover State MA Zip Code 01055

Purpose of Disbursement
Payroll taxes-employer share

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2014

Transaction ID : VN7BA9V8YF5

Amount of Each Disbursement this Period

249.00

non-contribution account

Full Name (Last, First, Middle Initial)

B. Every Voice Action

Mailing Address 1133 19th St NW
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement
Contribution

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : VN7BA9VBAD9

Amount of Each Disbursement this Period

50000.00

non-contribution account

Full Name (Last, First, Middle Initial)

C. JS Capital

Mailing Address 888 7th Ave

City New York State NY Zip Code 10106-0001

Purpose of Disbursement
Reimbursement for postage

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : VN7BA9V9866

Amount of Each Disbursement this Period

154.00

non-contribution account

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

500403.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. The Other 98% Action

Mailing Address 13324 SW 220th St

City Vashon State WA Zip Code 98070-6306

Purpose of Disbursement
Internet Consulting

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : VN7BA9V9880

Amount of Each Disbursement this Period

10000.00

non-contribution account

Full Name (Last, First, Middle Initial)

B. Salsa Labs Inc

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267-4533

Purpose of Disbursement
Advocacy Software

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : VN7BA9VBGZ4

Amount of Each Disbursement this Period

1050.00

non-contribution account

Full Name (Last, First, Middle Initial)

C. Every Voice Action

Mailing Address 1133 19th St NW
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement
Contribution

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : VN7BA9VQC15

Amount of Each Disbursement this Period

400000.00

non-contribution account

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

411050.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Democracy

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Bank fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9W13R5

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

B. Judy Maslen

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement
Accounting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VN7BA9W2PT0

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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