

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 Washington DC 20033 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 01 01 2013 through 06 30 2013

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 07 26 2013

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 table with 8 columns and 1 row.

**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="2013"/>		36644.30
(b) Cash on Hand at Beginning of Reporting Period.....	36644.30	
(c) Total Receipts (from Line 19) .....	1808249.88	1808249.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1844894.18	1844894.18
7. Total Disbursements (from Line 31).....	1278760.43	1278760.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	566133.75	566133.75
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	31074.72	

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

FEC Form 3X (Rev. 06/2004)

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).....	50250.00	50250.00
(ii) Unitemized .....	1910.00	1910.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	52160.00	52160.00
(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) .....	52160.00	52160.00
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).....	1089.88	1089.88
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1755000.00	1755000.00
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))..... ▶	1808249.88	1808249.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1808249.88	1808249.88

**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 .....	21522.56	21522.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	21522.56	21522.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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 .....	1257237.87	1257237.87
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)) ..	1278760.43	1278760.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1278760.43	1278760.43

**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) .....	52160.00	52160.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52160.00	52160.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	21522.56	21522.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1089.88	1089.88
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20432.68	20432.68

**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 39
<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**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Allan</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 <b>Transaction ID : VN8AJ130VR2</b>
Mailing Address 888 7th Ave		Amount of Each Receipt this Period 5000.00
City New York	State NY	Zip Code 10106-0001
FEC ID number of contributing federal political committee. C		
Name of Employer n/a	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Cindy Cutts</b>		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 <b>Transaction ID : VN8AJ9HD4P1</b>
Mailing Address 5545 Glen Alto Dr.		Amount of Each Receipt this Period 5000.00
City Los Altos	State CA	Zip Code 94024
FEC ID number of contributing federal political committee. C		
Name of Employer n/a	Occupation n/a	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Matt Cutts</b>		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 <b>Transaction ID : VN8AJ9HD4N3</b>
Mailing Address 554 Glen Alto Dr		Amount of Each Receipt this Period 5000.00
City Los Altos	State CA	Zip Code 94024-4137
FEC ID number of contributing federal political committee. C		
Name of Employer Google	Occupation Software Engineer	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> 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 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Friends of Democracy**

**A. Doug Edwards**  
Full Name (Last, First, Middle Initial)  
Mailing Address 907 Manor Way  
City Los Altos State CA Zip Code 94024-5622  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation n/a  
Receipt For: 2013  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 22 / 2013  
**Transaction ID : VN8AJ9NJ023**  
Amount of Each Receipt this Period  
5000.00

**B. Benjamin Harris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 160 Riverside Dr  
14A  
City New York State NY Zip Code 10024-2106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Clinical Psychologist  
Receipt For: 2013  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2013  
**Transaction ID : VN8AJA749Y3**  
Amount of Each Receipt this Period  
5000.00

**C. Sean Parker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 W 10th St  
City New York State NY Zip Code 10011-8702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Entrepreneur  
Receipt For: 2013  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 13 / 2013  
**Transaction ID : VN8AJ9S9E39**  
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)..... ▶

**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 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Friends of Democracy**

Full Name (Last, First, Middle Initial) <b>A. John Pritzker</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2013 <b>Transaction ID : VN8AJ9HF0H9</b>
Mailing Address Pier 5, Suite 102 The Embaradero		Amount of Each Receipt this Period 5000.00
City San Francisco	State CA	
Zip Code 94111		Aggregate Year-to-Date ▼ 5000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Geolo Capital	Occupation Founder and Director	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ian Simmons</b>		Date of Receipt MM / DD / YYYY 06 / 25 / 2013 <b>Transaction ID : VN8AJA9X3A4</b>
Mailing Address 321 N Clark St		Amount of Each Receipt this Period 5000.00
City Chicago	State IL	
Zip Code 60654-4714		Aggregate Year-to-Date ▼ 5000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Investor	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jonathan Soros</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 <b>Transaction ID : VN8AJ130VP6</b>
Mailing Address 888 7th Ave		Amount of Each Receipt this Period 5000.00
City New York	State NY	
Zip Code 10106-0001		Aggregate Year-to-Date ▼ 5000.00
FEC ID number of contributing federal political committee. C		
Name of Employer JS Capital Management LLC	Occupation CEO	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Friends of Democracy**

Full Name (Last, First, Middle Initial) <b>A. Stephen Susman</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2013 <b>Transaction ID : VN8AJA73TP9</b>
Mailing Address 2001 Kirby Dr Ste 603		Amount of Each Receipt this Period 5000.00
City Houston	State TX	
Zip Code 77019-6046		Aggregate Year-to-Date ▼ 5000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Susman Godfrey LLP	Occupation Attorney	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Roland Van Liew</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2013 <b>Transaction ID : VN8AJAABJA7</b>
Mailing Address 6 Hemlock Dr		Amount of Each Receipt this Period 250.00
City Chelmsford	State MA	
Zip Code 01824-2115		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Hands On Tech Transfer	Occupation IT Services	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		Aggregate Year-to-Date ▼
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50250.00

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

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

FOR LINE NUMBER: PAGE 10 OF 39  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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
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NAME OF COMMITTEE (In Full)  
**Friends of Democracy**

**A. Winning Connections**  
Full Name (Last, First, Middle Initial)  
Mailing Address 317 Pennsylvania Ave SE  
FI 2  
City Washington State DC Zip Code 20003-1148  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**1089.88**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 23 / 2013**  
**Transaction ID : VN8AJYNT2**  
Amount of Each Receipt this Period  
**1089.88**  
non-contribution account/ refund for overpayment

**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) ▼  
Aggregate Year-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) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1089.88</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1089.88</b>

**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 11 OF 39
<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. Matt Cutts**

Mailing Address 554 Glen Alto Dr

City Los Altos	State CA	Zip Code 94024-4137
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FEC ID number of contributing federal political committee. **C**

Name of Employer Google	Occupation Software Engineer
----------------------------	---------------------------------

Receipt For: 2013  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
190000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2013

**Transaction ID : VN8AJ9HD4K9**

Amount of Each Receipt this Period  
190000.00

non-contribution account

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

Mailing Address 907 Manor Way

City Los Altos	State CA	Zip Code 94024-5622
-------------------	-------------	------------------------

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

Name of Employer Retired	Occupation n/a
-----------------------------	-------------------

Receipt For: 2013  
 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
04	/	22	/	2013

**Transaction ID : VN8AJ9NJ057**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. David Harris**

Mailing Address 32 W 88th St

City New York	State NY	Zip Code 10024-2502
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Child Advocate
--------------------------	------------------------------

Receipt For: 2013  
 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
06	/	29	/	2013

**Transaction ID : VN8AJAAQ2A7**

Amount of Each Receipt this Period  
5000.00

non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200000.00
<b>TOTAL</b> 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 12 OF 39
<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) <b>A. Kathleen McGrath</b>		Date of Receipt MM / DD / YYYY 05 / 20 / 2013
Mailing Address 16000 Ventura Blvd Ste 900		<b>Transaction ID : VN8AJ9STH05</b>
City Encino	State CA	Zip Code 91436-2760
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer Self	Occupation Self Employed	non-contribution account
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

Full Name (Last, First, Middle Initial) <b>B. Dennis Mehiel</b>		Date of Receipt MM / DD / YYYY 04 / 29 / 2013
Mailing Address 7 Renaissance Sq		<b>Transaction ID : VN8AJ9NW507</b>
City White Plains	State NY	Zip Code 10601-3039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25000.00
Name of Employer Four M Investments	Occupation Investments	non-contribution account
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Full Name (Last, First, Middle Initial) <b>C. Sean Parker</b>		Date of Receipt MM / DD / YYYY 05 / 13 / 2013
Mailing Address 40 W 10th St		<b>Transaction ID : VN8AJ9S9E47</b>
City New York	State NY	Zip Code 10011-8702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 245000.00
Name of Employer Self	Occupation Entrepreneur	non-contribution account
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370000.00
<b>TOTAL</b> 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 13 OF 39
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Friends of Democracy**

Full Name (Last, First, Middle Initial) <b>A. John Pritzker</b>		Date of Receipt MM / DD / YYYY 04 / 09 / 2013 <b>Transaction ID : VN8AJ9HF0G1</b>
Mailing Address Pier 5, Suite 102 The Embaradero		Amount of Each Receipt this Period 45000.00
City San Francisco	State CA	Zip Code 94111
FEC ID number of contributing federal political committee. C		non-contribution account
Name of Employer Geolo Capital	Occupation Founder and Director	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45000.00	

Full Name (Last, First, Middle Initial) <b>B. Donald Rubin</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2013 <b>Transaction ID : VN8AJA6N0J1</b>
Mailing Address 502 Park Ave Ph 25		Amount of Each Receipt this Period 15000.00
City New York	State NY	Zip Code 10022-1108
FEC ID number of contributing federal political committee. C		non-contribution account
Name of Employer self employed	Occupation n/a	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

Full Name (Last, First, Middle Initial) <b>C. Andrea Soros</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : VN8AJ9WN1T4</b>
Mailing Address 888 7th Ave		Amount of Each Receipt this Period 100000.00
City New York	State NY	Zip Code 10106-0001
FEC ID number of contributing federal political committee. C		non-contribution account
Name of Employer Trace Foundation	Occupation Executive Director, Founder	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160000.00
<b>TOTAL</b> 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 14 OF 39
<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) <b>A. Jonathan Soros</b>		Date of Receipt MM / DD / YYYY 01 / 29 / 2013 <b>Transaction ID : VN8AJZW404</b>
Mailing Address 888 7th Ave		Amount of Each Receipt this Period 100000.00
City New York	State NY	Zip Code 10106-0001
FEC ID number of contributing federal political committee. C		non contribution monetary account
Name of Employer JS Capital Management LLC	Occupation CEO	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

Full Name (Last, First, Middle Initial) <b>B. Jonathan Soros</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : VN8AJ9NR0F4</b>
Mailing Address 888 7th Ave		Amount of Each Receipt this Period 650000.00
City New York	State NY	Zip Code 10106-0001
FEC ID number of contributing federal political committee. C		non contribution monetary account
Name of Employer JS Capital Management LLC	Occupation CEO	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750000.00	

Full Name (Last, First, Middle Initial) <b>C. Jonathan Soros</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2013 <b>Transaction ID : VN8AJ9WN1S6</b>
Mailing Address 888 7th Ave		Amount of Each Receipt this Period 250000.00
City New York	State NY	Zip Code 10106-0001
FEC ID number of contributing federal political committee. C		non-contribution account
Name of Employer JS Capital Management LLC	Occupation CEO	
Receipt For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 39  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	----------------------------------------

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NAME OF COMMITTEE (In Full)  
**Friends of Democracy**

**A.** Full Name (Last, First, Middle Initial)  
**Eric Uhrhane**

Mailing Address 1279 2nd Ave

City San Francisco State CA Zip Code 94122-2751

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

Name of Employer Google, Inc. Occupation Software Engineer

Receipt For: 2013  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2013

**Transaction ID : VN8AJ9HF088**

Amount of Each Receipt this Period  
 25000.00

non-contribution account

**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) ▼

Aggregate Year-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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1755000.00

# 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. Harmon, Curran, Speilberg + Eisenberg LLP

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2013

Transaction ID : VN7BA9HDJR9

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

### B. Harmon, Curran, Speilberg + Eisenberg LLP

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal services

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2013

Transaction ID : VN7BA9J10D1

Amount of Each Disbursement this Period

59.40

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  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : VN7BA9H7H74

Amount of Each Disbursement this Period

667.25

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

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

1176.65



**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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9HXGV4**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. NGP Van**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
data management system

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9H7HA8**

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9J10T4**

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. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA8BAV8**

Amount of Each Disbursement this Period

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  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9HEKH3**

Amount of Each Disbursement this Period

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  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9HEKJ1**

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. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Fundraising Consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9H7H40**

Amount of Each Disbursement this Period

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  
Fundraising Supplies

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9HEHQ7**

Amount of Each Disbursement this Period

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  
Fundraising consulting

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9J9T81**

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. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement Reimbursement - PO Box registration, Stamps, DC Gov Registration

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

001

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2013

Transaction ID : VN7BA9J9T65

Amount of Each Disbursement this Period

125.00

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 Fundraising consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

003

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2013

Transaction ID : VN7BA9JC2R1

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**C. The Other 98% Action**

Mailing Address 30 Germania St  
Bldg L

City Boston State MA Zip Code 02130-2315

Purpose of Disbursement Internet Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

004

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2013

Transaction ID : VN7BA9HXJB1

Amount of Each Disbursement this Period

7500.00

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

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

8325.00

**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: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2013

Transaction ID : VN7BA9J10B6

Amount of Each Disbursement this Period

182.50

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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

182.50

21045.48

**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. Citizen Action of New York**

Mailing Address 94 Central Ave

City Albany State NY Zip Code 12206-3002

Purpose of Disbursement  
Voter Education NY (Non Federal)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA8D356**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Citizen Action of New York**

Mailing Address 94 Central Ave

City Albany State NY Zip Code 12206-3002

Purpose of Disbursement  
Voter Education NY (Non Federal)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA9J9TC2**

Amount of Each Disbursement this Period

non contribution account

Full Name (Last, First, Middle Initial)

**C. Genova, Burns, Giantomasi, & Webster, LLC**

Mailing Address 115 Broadway  
FI 15

City New York State NY Zip Code 10006-1604

Purpose of Disbursement  
Legal services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : VN7BA9J9TD0**

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. Harmon, Curran, Speilberg + Eisenberg LLP**

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA8CF53**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Harmon, Curran, Speilberg + Eisenberg LLP**

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal services

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9HDJQ1**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Harmon, Curran, Speilberg + Eisenberg LLP**

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9J10C4**

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. Judy Maslen**

Mailing Address 128 Augusta National Dr

City Yarmouth Port State MA Zip Code 02675-1602

Purpose of Disbursement  
Compliance, Accounting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : VN7BA9H7H82

Amount of Each Disbursement this Period

4432.25

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

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2013

Transaction ID : VN7BA9HXGW2

Amount of Each Disbursement this Period

1000.00

non-contribution account

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 system

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2013

Transaction ID : VN7BA9H7H90

Amount of Each Disbursement this Period

865.00

non-contribution account

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

6297.25

**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. NGP Van**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
data management system

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9J10S6**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. NY Friends of Democracy**

Mailing Address 888 7th Ave  
FI 40

City New York State NY Zip Code 10106-0001

Purpose of Disbursement  
Voter Education NY (Non Federal)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9HER42**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. NY Friends of Democracy**

Mailing Address 888 7th Ave  
FI 40

City New York State NY Zip Code 10106-0001

Purpose of Disbursement  
Voter Education NY (Non Federal)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**004**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA8D348**

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. NY Friends of Democracy**

Mailing Address 888 7th Ave  
FI 40

City New York State NY Zip Code 10106-0001

Purpose of Disbursement  
Voter Education NY (Non Federal)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7BA9H7H25

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. NY Friends of Democracy**

Mailing Address 888 7th Ave  
FI 40

City New York State NY Zip Code 10106-0001

Purpose of Disbursement  
Voter Education NY (Non Federal)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7BA9HZD00

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Public Campaign Action Fund**

Mailing Address 1133 19th St NW  
FI 9

City Washington State DC Zip Code 20036-3612

Purpose of Disbursement  
Pre-pay staffing & office use estimated expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : VN7BA9H7HB6

Amount of Each Disbursement this Period

non-contribution account

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

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

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

Form/Schedule: SB29

Transaction ID : VN7BA9H7HB6

Pre-pay staffing & office use estimated expenses

Form/Schedule:

Transaction ID:

**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. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA8BAW6**

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  
Fundraising Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9H7H66**

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  
Fundraising Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9HEHR5**

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. Elizabeth Schilling**

Mailing Address 100 I St SE  
Apt 1015

City Washington State DC Zip Code 20003-4871

Purpose of Disbursement  
Fundraising consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9J9T98**

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  
Reimbursement - PO Box registration, Stamps, DC Gov Registration

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9J41X2**

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  
Fundraising consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

**003**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9JC2S8**

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. 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: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA8BFK5**

Amount of Each Disbursement this Period

non-contribution account

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA8BFM3**

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9H7HC4**

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. 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: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : VN7BA9HEN54

Amount of Each Disbursement this Period

non-contribution account

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : VN7BA9J9T15

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : VN7BA9J9SR4

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 Law Office of Adam C. Bonin**

Mailing Address 1900 Market St

City Philadelphia State PA Zip Code 19103-3527

Purpose of Disbursement  
legal fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA8BAT1**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. The Law Office of Adam C. Bonin**

Mailing Address 1900 Market St

City Philadelphia State PA Zip Code 19103-3527

Purpose of Disbursement  
legal fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA8CF95**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. The Other 98% Action**

Mailing Address 30 Germania St  
Bldg L

City Boston State MA Zip Code 02130-2315

Purpose of Disbursement  
social media

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA7YEZ5**

Amount of Each Disbursement this Period

Payment of Nov Exp (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 30 Germania St  
Bldg L

City Boston State MA Zip Code 02130-2315

Purpose of Disbursement  
social media

Candidate Name

**001**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA8BAX4**

Amount of Each Disbursement this Period

Repayment of Oct Exp (non-contribution account)

Full Name (Last, First, Middle Initial)

**B. The Other 98% Action**

Mailing Address 30 Germania St  
Bldg L

City Boston State MA Zip Code 02130-2315

Purpose of Disbursement  
Internet Consulting

Candidate Name

**004**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA8CFA3**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. The Other 98% Action**

Mailing Address 30 Germania St  
Bldg L

City Boston State MA Zip Code 02130-2315

Purpose of Disbursement  
Internet Consulting

Candidate Name

**004**  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9HXJA3**

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. 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: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9J10A8**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B. Working Families Organization**

Mailing Address 2 Nevins St

City Brooklyn State NY Zip Code 11217-1010

Purpose of Disbursement  
Voter Education NY (Non Federal)

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA8D330**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**C. Working Families Organization**

Mailing Address 2 Nevins St

City Brooklyn State NY Zip Code 11217-1010

Purpose of Disbursement  
Voter Education - NY (non-Federal)

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VN7BA9HNXR5**

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

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**

Full Name (Last, First, Middle Initial)

**A. Working Families Organization**

Mailing Address 2 Nevins St

City Brooklyn State NY Zip Code 11217-1010

Purpose of Disbursement  
Voter Education - NY (non-Federal)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : VN7BA9HZD18**

Amount of Each Disbursement this Period

non-contribution account

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

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 D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 39
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Friends of Democracy**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Judy Maslen</b>	Nature of Debt (Purpose): Accounting services to June 30
Mailing Address 128 Augusta National Dr	
City State Zip Code Yarmouth Port MA 02675-1602	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : VN5CT9H5V47</b>	
Amount Incurred This Period <input type="text" value="1074.72"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1074.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Other 98% Action</b>	Nature of Debt (Purpose): Website & Social Media Services
Mailing Address 30 Germania St Bldg L	
City State Zip Code Boston MA 02130-2315	

Outstanding Balance Beginning This Period <input type="text" value="24502.00"/>	<b>Transaction ID : VN5CT5051</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="24502.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Other 98% Action</b>	Nature of Debt (Purpose): Website & Social Media Services
Mailing Address 30 Germania St Bldg L	
City State Zip Code Boston MA 02130-2315	

Outstanding Balance Beginning This Period <input type="text" value="30000.00"/>	<b>Transaction ID : VN5CT5069</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="30000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="1074.72"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

Form/Schedule: SD10

Transaction ID : VN5CT5051

Invoice for October 2012 paid in 2013

Form/Schedule: SD10

Transaction ID: VN5CT5069

payment lost in mail, repaid January 2013

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 38 OF 39
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Friends of Democracy**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Other 98% Action</b>	Nature of Debt (Purpose): Social Media Services - through June 2013
Mailing Address 30 Germania St Bldg L	
City State Zip Code Boston MA 02130-2315	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : VN5CT9H5V39</b>	
Amount Incurred This Period <input type="text" value="30000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="30000.00"/>

B. 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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="30000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="31074.72"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="31074.72"/>

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

Form/Schedule: SD10

Transaction ID : VN5CT9H5V39

billed July 3

Form/Schedule:

Transaction ID: