

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CITIZENS FOR JOE MILLER

ADDRESS (number and street)

913 COLLEGE ROAD

Check if different
than previously
reported. (ACC)

FAIRBANKS

AK

99701

2. FEC IDENTIFICATION NUMBER ▼

C C00522730

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

AK

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer BERNADETTE KOPPY

Signature of Treasurer

BERNADETTE KOPPY

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

CITIZENS FOR JOE MILLER

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	18315.28	18427.69
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	18315.28	18427.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32837.07	42734.07
(b) Total Offsets to Operating Expenditures (from Line 14)	50.55	50.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	32786.52	42683.52
8. Cash on Hand at Close of Reporting Period (from Line 27)	317454.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

CITIZENS FOR JOE MILLER

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y
06 / 30 / 2013

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

9100.00

9100.00

(ii) Unitemized

9215.28

9327.69

(iii) TOTAL of contributions
from individuals ▶

18315.28

18427.69

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

18315.28

18427.69

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

0.00

435459.57

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**

50.55

50.55

**15. OTHER RECEIPTS
(Dividends, Interest, etc.)**

28.51

334.18

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶**

18394.34

454271.99

DETAILED SUMMARY PAGE
of Disbursements

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II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

32837.07

42734.07

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

0.00

0.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS

94083.00

94083.00

22. **TOTAL DISBURSEMENTS**
(add Lines 17, 18, 19(c), 20(d), and 21) ►

126920.07

136817.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

425980.65

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

18394.34

25. SUBTOTAL (add Line 23 and Line 24).....

444374.99

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

126920.07

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

317454.92

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 18
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

A. Full Name (Last, First, Middle Initial) MAREE BARNEY SUTLEY		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2013
Mailing Address 1275 SADLER WAY SUITE 202		Transaction ID : SA11AI.4639
City FAIRBANKS	State AK	Zip Code 99701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer ALASKA ORAL & FACIAL SURGERY, INC.	Occupation EXECUTIVE DIRECTOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	
B. Full Name (Last, First, Middle Initial) DONALD J. BASSLER		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2013
Mailing Address 13100 BADGER LANE		Transaction ID : SA11AI.4614
City ANCHORAGE	State AK	Zip Code 99516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer NONE	Occupation NONE	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	
C. Full Name (Last, First, Middle Initial) RONALD R. BLAKEMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2013
Mailing Address 3408 WYOMING DRIVE		Transaction ID : SA11AI.4616
City ANCHORAGE	State AK	Zip Code 99517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer A.S.D. SCHOOL DISTRICT	Occupation CARPENTER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional).....		2950.00
TOTAL This Period (last page this line number only).....		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial) JEFFREY P. GABEL		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2013
Mailing Address 425 CHN SAN ANTONIO PMB 463		Transaction ID : SA11AI.4569
City TAMUNING	State GU	Zip Code 96913
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) JEFFREY P. GABEL		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2013
Mailing Address 425 CHN SAN ANTONIO PMB 463		Transaction ID : SA11AI.4570
City TAMUNING	State GU	Zip Code 96913
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) KURT HYDE		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2013
Mailing Address 2701 YELLOWSTONE PARK LANE		Transaction ID : SA11AI.4402
City CORINTH	State TX	Zip Code 76210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer FIDELITY NATIONAL FINANCIAL	Occupation DATABASE ADMINISTRATOR	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 18
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

A. Full Name (Last, First, Middle Initial) THOMAS J. KANE		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2013	
Mailing Address 1070 AALAPAPA DR		Transaction ID : SA11AI.4565	
City KAILUA	State HI	Zip Code 96734	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer SELF-EMPLOYED		Occupation ORTHOPEDIC SURGEON	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	
B. Full Name (Last, First, Middle Initial) STEPHEN SUTLEY		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2013	
Mailing Address 1275 SADLER WAY SUITE 202		Transaction ID : SA11AI.4641	
City FAIRBANKS	State AK	Zip Code 99701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer ALASKA ORAL & FACIAL SURGERY, INC.		Occupation ORAL SURGEON	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional).....		2800.00	
TOTAL This Period (last page this line number only).....		9100.00	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input checked="" type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

A. Full Name (Last, First, Middle Initial) BB&T		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2013	
Mailing Address 1717 KING STREET		Transaction ID : SA15.4157	
City ALEXANDRIA	State VA	Zip Code 22314	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.23	
Name of Employer	Occupation	INTEREST INCOME	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 313.90		
B. Full Name (Last, First, Middle Initial) BB&T		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2013	
Mailing Address 1717 KING STREET		Transaction ID : SA15.4168	
City ALEXANDRIA	State VA	Zip Code 22314	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.63	
Name of Employer	Occupation	INTEREST INCOME	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 315.53		
C. Full Name (Last, First, Middle Initial) BB&T		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2013	
Mailing Address 1717 KING STREET		Transaction ID : SA15.4158	
City ALEXANDRIA	State VA	Zip Code 22314	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.51	
Name of Employer	Occupation	INTEREST INCOME	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 324.04		
SUBTOTAL of Receipts This Page (optional).....		18.37	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 ☒ 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

BB&T

A.

Mailing Address 1717 KING STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

325.65

Date of Receipt

M M / D D / Y Y Y Y
05 31 2013

Transaction ID : SA15.4170

Amount of Each Receipt this Period

1.61

INTEREST INCOME

Full Name (Last, First, Middle Initial)

BB&T

B.

Mailing Address 1717 KING STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

325.95

Date of Receipt

M M / D D / Y Y Y Y
06 07 2013

Transaction ID : SA15.4171

Amount of Each Receipt this Period

0.30

INTEREST INCOME

Full Name (Last, First, Middle Initial)

BB&T

C.

Mailing Address 1717 KING STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

334.18

Date of Receipt

M M / D D / Y Y Y Y
06 28 2013

Transaction ID : SA15.4159

Amount of Each Receipt this Period

8.23

INTEREST INCOME

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

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

10.14

28.51

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

A. ABC SOFTWARE

Mailing Address 3230 W 6TH AVE #1

City State Zip Code
ANCHORAGE AK 99502

Purpose of Disbursement
COMPUTER SOFTWARE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 06 2013

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4175

B. BANK OF AMERICA

Mailing Address PO BOX 851001

City State Zip Code
DALLAS TX 75285

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 10 2013

Amount of Each Disbursement this Period

8404.19

Transaction ID : SB17.4185

C. AIR TRAN AIRWAYS

Mailing Address 9955 AIR TRAN BLVD

City State Zip Code
ORLANDO FL 32827

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 10 2013

Amount of Each Disbursement this Period

338.60

Transaction ID : SB17.4185.0

[MEMO ITEM]

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

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

8804.19

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

A. ALASKA AIR

Mailing Address PO BOX 68900

City State Zip Code
SEATTLE WA 98168

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 10 2013

Amount of Each Disbursement this Period

1092.82

Transaction ID : SB17.4185.1

[MEMO ITEM]

B. ALASKA AIR

Mailing Address PO BOX 68900

City State Zip Code
SEATTLE WA 98168

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 10 2013

Amount of Each Disbursement this Period

1225.60

Transaction ID : SB17.4185.2

[MEMO ITEM]

C. ALASKA AIR

Mailing Address PO BOX 68900

City State Zip Code
SEATTLE WA 98168

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 10 2013

Amount of Each Disbursement this Period

1749.80

Transaction ID : SB17.4185.3

[MEMO ITEM]

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

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

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

A. THE BUCKLEY SCHOOL

Mailing Address 1301 BROAD STREET

City State Zip Code
CAMDEN SC 29020

Purpose of Disbursement
CANDIDATE TRAINING

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 10 2013

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.4185.4

[MEMO ITEM]

B. ADVANTAGE CAR RENTAL

Mailing Address 4200 RENTAL CAR ROAD

City State Zip Code
CHARLOTTE NC 28214

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 10 2013

Amount of Each Disbursement this Period

205.07

Transaction ID : SB17.4185.5

[MEMO ITEM]

C. US AIRWAYS

Mailing Address 4200 E SKY HARBOR BLVD

City State Zip Code
PHOENIX AZ 85034

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 10 2013

Amount of Each Disbursement this Period

242.30

Transaction ID : SB17.4185.8

[MEMO ITEM]

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

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

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 20 2013

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4166

B. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 06 2013

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4177

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 25 2013

Amount of Each Disbursement this Period

22.48

Transaction ID : SB17.4156

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

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

1522.48

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

A. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 20 / 2013

Amount of Each Disbursement this Period

550.00

Transaction ID : SB17.4162

B. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 20 / 2013

Amount of Each Disbursement this Period

550.00

Transaction ID : SB17.4167

C. FOLEY & LARDNER LLP

Mailing Address 3000 K STREET NW
#600

City State Zip Code
WASHINGTON DC 20007

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 20 / 2013

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4163

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

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

1300.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

A. JUSTIN T. HART

Mailing Address 42857 CHESTERTON STREET

City State Zip Code
ASHBURN VA 20147

Purpose of Disbursement
WEBSITE SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 14 / 2013

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4179

B. MATTHEW JOHNSON

Mailing Address PO BOX 670791

City State Zip Code
CHUGIAK AK 99567

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 01 / 2013

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4173

C. MATTHEW JOHNSON

Mailing Address PO BOX 670791

City State Zip Code
CHUGIAK AK 99567

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 15 / 2013

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4181

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

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

10500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

A. MATTHEW JOHNSON

Mailing Address PO BOX 670791

City State Zip Code
CHUGIAK AK 99567

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 31 / 2013

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4182

B. MATTHEW JOHNSON

Mailing Address PO BOX 670791

City State Zip Code
CHUGIAK AK 99567

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 15 / 2013

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4187

C. MATTHEW JOHNSON

Mailing Address PO BOX 670791

City State Zip Code
CHUGIAK AK 99567

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2013

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4188

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

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

9000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

A. BILL PECK

Mailing Address 2900 AUDEN COURT

City State Zip Code
ABINGDON MD 21009

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 20 2013

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4164

B. PIRYX

Mailing Address 144 2ND ST
1ST FLOOR

City State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 28 2013

Amount of Each Disbursement this Period

422.40

Transaction ID : SB17.4664

C. SPRINGDALE HALL CLUB

Mailing Address PO BOX 547

City State Zip Code
CAMDEN SC 29021

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 05 2013

Amount of Each Disbursement this Period

258.00

Transaction ID : SB17.4183

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

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

1680.00

32807.07

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

CITIZENS FOR JOE MILLER

Full Name (Last, First, Middle Initial)

A. STATE OF ALASKA

Mailing Address 101 LACY STREET

City State Zip Code
FAIRBANKS AK 99701

Purpose of Disbursement
JUDGMENT - LEGAL ACTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 26 / 2013

Amount of Each Disbursement this Period

94083.00

Transaction ID : SB21.4160

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:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

94083.00

94083.00