

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 JUL 16 AM 11:25 Office Use Only

FEC MAIL CENTER 12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. FRIENDS OF LINDA THOMPSON For CONGRESS

ADDRESS (number and street) 107 DENISON DRIVE DAUPHIN PA 17018

2. FEC IDENTIFICATION NUMBER C 00560 151 3. IS THIS REPORT NEW OR AMENDED PA PA

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 11 ' 04 ' 2014 in the State of PA (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11 ' 04 ' 2014 in the State of PA

5. Covering Period 04 ' 10 ' 2014 through 07 ' 15 ' 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Charles A. Ottaviano Signature of Treasurer Date 07 ' 11 ' 2014

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

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2014 JUL 16 AM 11:25

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

FRIENDS OF LINDA THOMPSON FOR CONGRESS

Report Covering the Period: From: 04' 16' 2014 To: 07' 15' 2014

COLUMN A This Period

COLUMN B Election Cycle-to-Date

Table with 2 columns: COLUMN A This Period, COLUMN B Election Cycle-to-Date. Rows include Net Contributions (Total 1,392.94 / 2,462.94), Net Operating Expenditures (Total 1,834.01 / 2,308.61), Cash on Hand (154.33), and Debts and Obligations (0).

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)

Page 3

Write or Type Committee Name

FRIENDS OF LINDA THOMPSON FOR CONGRESS

Report Covering the Period: From: *04' 10' 2014* To: *07' 15' 2014*

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).....	,	, 500.00
(ii) Unitemized.....	, 1,392.94	,
(iii) TOTAL of contributions from individuals ▶	, 1,392.94	, 500.00
(b) Political Party Committees.....	,	, 1,872.94
(c) Other Political Committees (such as PACs).....	,	,
(d) The Candidate.....	,	,
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	, 1,392.94	, 2,462.94
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	,	,
(b) All Other Loans.....	,	,
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	,	,
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	, 1,392.94	, 2,462.94

LINDA THOMPSON

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	, 1,834.01	, 2,308.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	, , .	, , .
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	, , .	, , .
(b) Of All Other Loans	, , .	, , .
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	, , .	, , .
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	, , .	, , .
(b) Political Party Committees.....	, , .	, , .
(c) Other Political Committees (such as PACs).....	, , .	, , .
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	, , .	, , .
21. OTHER DISBURSEMENTS	, , .	, , .
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	, 1,834.01	, 2,308.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, 595.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 1,392.94
25. SUBTOTAL (add Line 23 and Line 24).....	, 1,988.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 1,834.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, 154.33

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

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

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)

FRIENDS OF HINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
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	, , .
Full Name (Last, First, Middle Initial)		Date of Receipt
B.		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	, , .
Full Name (Last, First, Middle Initial)		Date of Receipt
C.		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).....		, , . 0
TOTAL This Period (last page this line number only).....		, , .

HINDA THOMPSON

**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 OF

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MEYRO BANK
 Mailing Address: 3801 PATTON STREETS
 City: HARRISBURG State: PA Zip Code: 17111
 Purpose of Disbursement: CHECKS
 Candidate Name: Linda Thompson Category/Type:
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: PA District: 04

Date of Disbursement

M M ' D D ' Y Y Y Y
05 19 ' 20 14

Amount of Each Disbursement this Period

, , 25.68

B. USPS
 Mailing Address:
 City: State: Zip Code:
 Purpose of Disbursement: MAILING FEC
 Candidate Name: Linda Thompson Category/Type:
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: PA District: 04

Date of Disbursement

M M ' D D ' Y Y Y Y
04 14 ' 20 14

Amount of Each Disbursement this Period

, , 16.95

C. Linda Thompson
 Mailing Address: P.O. Box 505
 City: Harrisburg State: PA Zip Code: 17108
 Purpose of Disbursement: Reimbursement Campaign Expense
 Candidate Name: Linda Thompson Category/Type:
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: PA District: 04

Date of Disbursement

M M ' D D ' Y Y Y Y
04 21 ' 20 14

Amount of Each Disbursement this Period

, , 400.44

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

, , 442.99

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

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

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

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF LINDA THOMPSON For CONGRESS

Full Name (Last, First, Middle Initial)

A. ACT BLUE DCCC HOUSE		Date of Disbursement 04 14 2014
Mailing Address 430 South Capitol St SW		Amount of Each Disbursement this Period 25.00
City Washington DC	State DC Zip Code 20003	
Purpose of Disbursement contribution		Category/ Type
Candidate Name Linda Thompson		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify)	
State: PA District: 04		

B. Charles D'Amico		Date of Disbursement 04 24 2014
Mailing Address 101 Denton Dr.		Amount of Each Disbursement this Period 20.00
City Deuphin	State PA Zip Code 17018	
Purpose of Disbursement Candidate Expense, travel, Bankios		Category/ Type
Candidate Name Linda Thompson		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify)	
State: PA District: 04		

C. USPS		Date of Disbursement 04 24 2014
Mailing Address		Amount of Each Disbursement this Period 9.00
City	State Zip Code	
Purpose of Disbursement Duplicate key		Category/ Type
Candidate Name Linda Thompson		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify)	
State: PA District: 04		

SUBTOTAL of Disbursements This Page (optional)..... **54.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
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NAME OF COMMITTEE (In Full)

FRINDS OF LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. *Linda Thompson*
Mailing Address: *PO Box 505*
City: *Harrisburg* State: *PA* Zip Code: *17108*
Purpose of Disbursement: *Reimbursement Campaign meeting*
Candidate Name: *Linda Thompson*
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)State: *PA* District: *40*

Date of Disbursement: *05 14 2014*
Amount of Each Disbursement this Period: *28.62*

B. *Cumberland County Democratic Com*
Mailing Address: *C/O Stephanie Christ, treasurer*
City: *New Cumberland* State: *PA* Zip Code: *17070*
Purpose of Disbursement: *Spring Dinner Party Fund Raiser*
Candidate Name: *Linda Thompson*
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: *PA* District: *40*

Date of Disbursement: *05 05 2014*
Amount of Each Disbursement this Period: *65.00*

C. *Democratic Society of York*
Mailing Address: *P.O. Box 208*
City: *York* State: *PA* Zip Code: *17405*
Purpose of Disbursement: *Annual Jackson Jackson Dinner F.R. AD*
Candidate Name: *Linda Thompson*
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: *PA* District: *04*

Date of Disbursement: *05 05 2014*
Amount of Each Disbursement this Period: *75.00*

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

168.62

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

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF LINDA THOMPSON

Full Name (Last, First, Middle Initial)		Date of Disbursement
<i>ADAMS County Democratic Com</i>		<i>05 05 2014</i>
Mailing Address		Amount of Each Disbursement this Period
<i>Beachers town Road</i>		
City	State	95.00
<i>Biglerville</i>	<i>PA</i>	
Zip Code		
<i>17307</i>		
Purpose of Disbursement	Candidate Name	Category/ Type
<i>Spouse Breakfast FR AD.</i>		
<i>Linda Thompson</i>	Office Sought:	Disbursement For:
<i>House</i> <input checked="" type="checkbox"/>		
<i>Senate</i>	General	
<i>President</i>	Other (specify)	
State: <i>PA</i>	District: <i>04</i>	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<i>Linda Thompson</i>		<i>05 19 2014</i>
Mailing Address		Amount of Each Disbursement this Period
<i>P.O. Box 505</i>		
City	State	328.33
<i>Harrisburg</i>	<i>PA</i>	
Zip Code		
<i>17018</i>		
Purpose of Disbursement	Candidate Name	Category/ Type
<i>Reimbursement Campaign Expenses</i>		
<i>Linda Thompson</i>	Office Sought:	Disbursement For:
<i>House</i> <input checked="" type="checkbox"/>		
<i>Senate</i>	General	
<i>President</i>	Other (specify)	
State: <i>PA</i>	District: <i>04</i>	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<i>Linda Thompson</i>		<i>05 21 2014</i>
Mailing Address		Amount of Each Disbursement this Period
<i>P.O. Box 505</i>		
City	State	276.21
<i>Harrisburg</i>	<i>PA</i>	
Zip Code		
<i>17018</i>		
Purpose of Disbursement	Candidate Name	Category/ Type
<i>Reimbursement Campaign Expenses</i>		
<i>Linda Thompson</i>	Office Sought:	Disbursement For:
<i>House</i> <input checked="" type="checkbox"/>		
<i>Senate</i>	General	
<i>President</i>	Other (specify)	
State: <i>PA</i>	District: <i>04</i>	

SUBTOTAL of Disbursements This Page (optional)..... *699.54*

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

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marilyn Levin		Date of Disbursement 05 27 2014
Mailing Address 101 Denison Dr		Amount of Each Disbursement this Period 15.00
City Deerfield	State PA	
Zip Code 17018		Category/ Type
Purpose of Disbursement Reimbursement Campaign Exp. Travel		
Candidate Name Linda Thompson		Disbursement For: Primary General X Other (specify)
Office Sought: House <input checked="" type="checkbox"/> Senate President	State: PA District: 40	

Full Name (Last, First, Middle Initial) B. Erie County Democratic Women		Date of Disbursement 05 29 2014
Mailing Address 815 Bancroft Ave		Amount of Each Disbursement this Period 75.00
City Erie	State PA	
Zip Code 16509		Category/ Type
Purpose of Disbursement Campaign Advertisement		
Candidate Name Linda Thompson		Disbursement For: Primary General X Other (specify)
Office Sought: House <input checked="" type="checkbox"/> Senate President	State: PA District: 04	

Full Name (Last, First, Middle Initial) C. Linda Thompson		Date of Disbursement 06 12 2014
Mailing Address P O Box 505		Amount of Each Disbursement this Period. 135.37
City Harrisburg	State PA	
Zip Code 17108		Category/ Type
Purpose of Disbursement Reimbursement Campaign Expenses		
Candidate Name Linda Thompson		Disbursement For: Primary General X Other (specify)
Office Sought: House <input checked="" type="checkbox"/> Senate President	State: PA District: 04	

SUBTOTAL of Disbursements This Page (optional).....	275.37
TOTAL This Period (last page this line number only).....	

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**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 OF	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tri County Federation of Dem. Women		Date of Disbursement 06 13 2014
Mailing Address 50 Erika Edwards 212 11th St.		Amount of Each Disbursement this Period 15.00
City New Cumberland	State PA	
Zip Code 17070		Category/ Type
Purpose of Disbursement Contribution/Dues		
Candidate Name Linda Thompson		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary Other (specify)	
State: PA District: 04		

Full Name (Last, First, Middle Initial) B. MARY ALICE CROSSON		Date of Disbursement 06 15 2014
Mailing Address 10 First Baptist Church of Steelton		Amount of Each Disbursement this Period 25.00
City Harisburg	State PA	
Zip Code 17104		Category/ Type
Purpose of Disbursement Compassion Event Booklet/Articles		
Candidate Name Linda Thompson		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary Other (specify)	
State: PA District: 04		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement 06 15 2014
Mailing Address P.O. Box 4003		Amount of Each Disbursement this Period 104.35
City Acworth	State GA	
Zip Code 30101		Category/ Type
Purpose of Disbursement Compassion phone expense		
Candidate Name Linda Thompson		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary Other (specify)	
State: PA District: 04		

SUBTOTAL of Disbursements This Page (optional).....	144.35
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. <i>Linda Thompson</i>		Date of Disbursement
Mailing Address <i>P.O. Box 505</i>		<i>06 23 2014</i>
City <i>Herrisburg</i>	State <i>PA</i>	Zip Code <i>17108</i>
Purpose of Disbursement <i>Campaign office supplies, travel, postage</i>		Amount of Each Disbursement this Period <i>99.14</i>
Candidate Name <i>Linda Thompson</i>		Category/ Type
Office Sought: House <input checked="" type="checkbox"/>	Disbursement For: Primary General <input checked="" type="checkbox"/>	
Senate	Other (specify)	
President		
State: <i>PA</i>	District: <i>04</i>	

B.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/ Type
Office Sought: House	Disbursement For: Primary General	
Senate	Other (specify)	
President		
State:	District:	

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/ Type
Office Sought: House	Disbursement For: Primary General	
Senate	Other (specify)	
President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional)

99.14

TOTAL This Period (last page this line number only)

1834.01

SCHEDULE C-1 (FEC Form 3)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <i>FRIENDS OF LINDA THOMPSON FOR CONGRESS</i>		FEC IDENTIFICATION NUMBER <i>C 00566151</i>
LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan , , .	Interest Rate (APR) % .
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y	
City State Zip Code	Date Due M M / D D / Y Y Y Y	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred M M / D D / Y Y Y Y		
B. If line of credit, Total Outstanding Balance: Amount of this Draw: , , .		
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? , , . Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? , , .
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y		
Location of account: _____ Address: _____ City, State, Zip: _____		
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.		
G. COMMITTEE TREASURER Typed Name Signature		DATE M M / D D / Y Y Y Y
H. Attach a signed copy of the loan agreement.		
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.		
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y Y Y
Title		

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

NAME OF COMMITTEE (In Full)
FRIENDS OF LINDA THOMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>N/A</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
, , .	, , .	, , .	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
, , .	, , .	, , .	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
, , .	, , .	, , .	

1) SUBTOTALS This Period This Page (optional)	▶	, , .
2) TOTALS This Period (last page this line number only)	▶	, , .
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	, , .
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	, , .

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>FRIENDS OF LINDA THOMPSON FOR CONGRESS</i>	Report Covering Period: From: <i>04 16 2014</i>	To: <i>07 15 2014</i>
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Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
	<i>1392.94</i>	

B Column Total Last Page Only.....

(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
		<i>1392.94</i>			

(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
				<i>1834.01</i>	

(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees

(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
			<i>595.40</i>	<i>154.33</i>	

(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures	(d)	(e)	(f)

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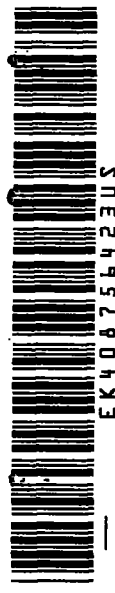
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Date Accepted (MM/DD/YYYY) <i>7-12-14</i>	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Delivery Attempt (MM/DD/YYYY) Time	Employee Signature
Time Accepted <i>12:10</i>	10:30 AM Delivery Fee \$		
Weight <i>1</i> lbs. <i>0.5</i> oz.	Return Receipt Fee \$		
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