

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 OCT 31 PM 12:05 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12 FEB 4 11 55 AM MAIL CENTER

FRIENDS OF LINDA THOMPSON FOR CONGRESS

ADDRESS (number and street)

101 DENISON DRIVE

Check if different than previously reported. (ACC)

DAUPHIN PA 17018

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00560151

3. IS THIS REPORT

X NEW

(N)

OR

AMENDED

(A)

PA

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

X

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

07 ' 16 ' 2014

through

10 ' 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

Charles A. Ottaviano

Date

10 ' 29 ' 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

FRIENDS OF LINDA THOMPSON FOR CONGRESS

Report Covering the Period:

From:

07 ' 16 ' 2014

To:

10 ' 15 ' 2014

**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))

3,420.00

5,882.94

(b) Total Contribution Refunds
(from Line 20(d))

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

3,420.00

5,882.94

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

3,363.37

5,671.98

(b) Total Offsets to Operating
Expenditures (from Line 14)

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

3,363.37

5,671.98

8. Cash on Hand at Close of
Reporting Period (from Line 27)

210.96

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

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:

M	M
07	10

 /

D	D
10	15

 /

Y	Y	Y	Y
20	14	20	14

 To:

M	M
10	15

 /

D	D
15	15

 /

Y	Y	Y	Y
20	14	20	14

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (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))..

2,170.00
2,170.00
1,000.00
250.00
3,420.00

500.00
3,562.94
1,000.00
820.00
5,882.94

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)..... ▶

3,420.00

5,882.94

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.....

3,363.37

5,671.98

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) ►

3,363.37

5,671.98

III. CASH SUMMARY

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

1,543.33

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

3,420.00

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

3,574.33

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

3,363.37

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

2,109.96

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	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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 LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
PA Federation of Democratic Women Federal PAC

Mailing Address
4120 Douglas Drive C/O Leslie Altieri
 City State Zip Code
Bethlehem PA 18020

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For: Primary General Other (specify)
 Election Cycle-to-Date
11.04.2014

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 14 / 2014

Amount of Each Receipt this Period
500.00

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

Mailing Address
 City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For: Primary General Other (specify)
 Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address
 City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For: Primary General Other (specify)
 Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00
500.00

14-00000-1

**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

A. UNITED STATES POSTAL SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address

Date of Disbursement: 07/12/2014

Amount of Each Disbursement this Period: 19.99

City: Harrisburg PA Zip Code: 17107-9997

Purpose of Disbursement: mailings

Candidate Name: Linda THOMPSON

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: PA District: 04

B. Verizon Wireless

Full Name (Last, First, Middle Initial)
Mailing Address

Date of Disbursement: 08/01/2014

Amount of Each Disbursement this Period: 103.00

City: Lehigh Valley PA Zip Code: 18002-5505

Purpose of Disbursement: Campaign phone expense

Candidate Name: Linda Thompson

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: PA District: 04

C. GORRINT.COM

Full Name (Last, First, Middle Initial)
Mailing Address

Date of Disbursement: 08/05/2014

Amount of Each Disbursement this Period: 30.77

City: Burbank CA Zip Code: 91505

Purpose of Disbursement: Campaign materials

Candidate Name: Linda Thompson

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: PA District: 04

SUBTOTAL of Disbursements This Page (optional)..... 153.76

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

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

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

A. **Heinz - Menaker Senior Center**
 Mailing Address: **1824 N. 4th St.**
 City: **Harrisburg** State: **PA** Zip Code: **17102**
 Purpose of Disbursement: **Rental Food Raiser**
 Candidate Name: **Linda Thompson**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **PA** District: **04**

Date of Disbursement: **09 / 12 / 2019**
 Amount of Each Disbursement this Period: **1000.00**

B. **Linda Thompson**
 Mailing Address: **P.O. Box 505**
 City: **Harrisburg** State: **PA** Zip Code: **17108**
 Purpose of Disbursement: **Reimbursement Computer Supplies, Meeting Travel**
 Candidate Name: **Linda Thompson**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **PA** District: **04**

Date of Disbursement: **08 / 18 / 2019**
 Amount of Each Disbursement this Period: **3127.2**

C. **EXXON EXPRESS**
 Mailing Address: **2017 N. 6th St.**
 City: **Harrisburg** State: **PA** Zip Code: **17102**
 Purpose of Disbursement: **Fuel Travel Expense**
 Candidate Name: **Linda Thompson**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **PA** District: **04**

Date of Disbursement: **08 / 15 / 2019**
 Amount of Each Disbursement this Period: **4616**

SUBTOTAL of Disbursements This Page (optional)..... **4588.88**
TOTAL This Period (last page this line number only).....

LINDA 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

<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)

<p>A. METRO BANK Mailing Address 4350 Linglestown Road</p>		<p>Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014</p>	
<p>City Harrisburg State PA Zip Code 17112</p>		<p>Amount of Each Disbursement this Period 65.00</p>	
<p>Purpose of Disbursement Bank Fees</p>		<p>Category/Type</p>	
<p>Candidate Name Linda Thompson</p>		<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>State: PA District: 04</p>	

<p>B. Hershey Entertainment Mailing Address 201 Park Ave</p>		<p>Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014</p>	
<p>City Hershey State PA Zip Code 17033</p>		<p>Amount of Each Disbursement this Period 120.00</p>	
<p>Purpose of Disbursement campaign event / meetings</p>		<p>Category/Type</p>	
<p>Candidate Name Linda Thompson</p>		<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>State: PA District: 04</p>	

<p>C. Verizon Wireless Mailing Address P.O. Box 25505</p>		<p>Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014</p>	
<p>City Lehish Valley State PA Zip Code 18002-5505</p>		<p>Amount of Each Disbursement this Period 104.32</p>	
<p>Purpose of Disbursement Campaign phone expense</p>		<p>Category/Type</p>	
<p>Candidate Name Linda Thompson</p>		<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>State: PA District: 04</p>	

SUBTOTAL of Disbursements This Page (optional) **181.32**

TOTAL This Period (last page this line number only)

LINDA 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

<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)

Date of Disbursement

M M / D D / Y Y Y Y

08 19 2014

A. Comcast Cable

Mailing Address

P.O. Box 3006

City

Southeastern

State

PA

Zip Code

19398-3006

Amount of Each Disbursement this Period

194.00

Purpose of Disbursement

Campaign Computer Cable Service

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: PA

District: 04

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

08 19 2014

B. Postmaster

Mailing Address

Federal Square Station

City

Harrisburg

State

PA

Zip Code

17108-9998

Amount of Each Disbursement this Period

40.00

Purpose of Disbursement

P.O. Box Fee

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: PA

District: 04

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

08 19 2014

C. The Original Copy Shop

Mailing Address

12 South Third Street

City

Harrisburg

State

PA

Zip Code

17101

Amount of Each Disbursement this Period

98.58

Purpose of Disbursement

Campaign materials

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: PA

District: 04

SUBTOTAL of Disbursements This Page (optional)

332.80

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)

<p>A. Lowe's</p> <p>Mailing Address 4000 Union Deposit Road</p> <p>City Harrisburg State PA Zip Code 17109</p> <p>Purpose of Disbursement Campaign Supplies</p> <p>Candidate Name Linda Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: PA District: 04</p>		<p>Date of Disbursement M M / D D / Y Y Y Y 08 20 2014</p> <p>Amount of Each Disbursement this Period 35.99</p>
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<p>B. Dauphin County Democratic Committee</p> <p>Mailing Address P.O. Box 60789</p> <p>City Harrisburg State PA Zip Code 17106</p> <p>Purpose of Disbursement Campaign FR</p> <p>Candidate Name Linda Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: PA District: 04</p>		<p>Date of Disbursement M M / D D / Y Y Y Y 08 23 2014</p> <p>Amount of Each Disbursement this Period 25.00</p>
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<p>C. White Rose Post Office</p> <p>Mailing Address 48 N. Beaver St.</p> <p>City York State PA Zip Code 17401</p> <p>Purpose of Disbursement Campaign meetings/volunteers</p> <p>Candidate Name Linda Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: PA District: 04</p>		<p>Date of Disbursement M M / D D / Y Y Y Y 08 27 2014</p> <p>Amount of Each Disbursement this Period 16.88</p>
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SUBTOTAL of Disbursements This Page (optional).....

77.87

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) <i>EXXON EXPRESS</i>		Date of Disbursement M M / D D / Y Y Y Y <i>08 27 2014</i>
Mailing Address <i>2017 N. 6th St</i>		Amount of Each Disbursement this Period <i>43.14</i>
City <i>Harrisburg</i>	State <i>PA</i>	
Zip Code <i>17103</i>		Category/ Type
Purpose of Disbursement <i>Fuel - Travel Expense</i>		
Candidate Name <i>Linda Thompson</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>PA</i> District: <i>04</i>	

Full Name (Last, First, Middle Initial) <i>Staples</i>		Date of Disbursement M M / D D / Y Y Y Y <i>08 27 2014</i>
Mailing Address <i>4203 Union Deposit Road</i>		Amount of Each Disbursement this Period <i>18.01</i>
City <i>Harrisburg</i>	State <i>PA</i>	
Zip Code <i>17111</i>		Category/ Type
Purpose of Disbursement <i>Campaign Supplies</i>		
Candidate Name <i>Linda Thompson</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>PA</i> District: <i>04</i>	

Full Name (Last, First, Middle Initial) <i>Linda Thompson</i>		Date of Disbursement M M / D D / Y Y Y Y <i>09 09 2014</i>
Mailing Address <i>P.O. Box 505</i>		Amount of Each Disbursement this Period <i>124.19</i>
City <i>Harrisburg</i>	State <i>PA</i>	
Zip Code <i>17108</i>		Category/ Type
Purpose of Disbursement <i>Reimbursement Travel, Parking, meeting Expenses</i>		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	<i>124.19</i>
TOTAL This Period (last page this line number only).....	

1730011-11/11/11-120410

**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. Central Family Restaurant

Mailing Address
400 N. George St

City
York State
PA Zip Code
17401

Purpose of Disbursement
Company Volunteer Meeting

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
09 / 12 / 2014

Amount of Each Disbursement this Period
8.29

Full Name (Last, First, Middle Initial)
B. Exxon Express

Mailing Address
2017 N. 6th St

City
Harrisburg State
PA Zip Code
17102

Purpose of Disbursement
Fuel Travel 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
09 / 05 / 2014

Amount of Each Disbursement this Period
45.30

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

Mailing Address
P.O. Box 505

City
Harrisburg State
PA Zip Code
17108

Purpose of Disbursement
Reimbursement AOL Service and York FR.

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
09 / 05 / 2014

Amount of Each Disbursement this Period
119.98

SUBTOTAL of Disbursements This Page (optional)..... *171.57*

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

13-00001-100-10001-10001-10001

**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"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <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) <i>Staples</i>		Date of Disbursement M M / D D / Y Y Y Y <i>09 15 2014</i>
Mailing Address <i>4203 Union Deposit Road</i>		Amount of Each Disbursement this Period <i>55.10</i>
City <i>Harrisburg</i>	State <i>PA</i>	
Zip Code <i>17111</i>		Category/ Type
Purpose of Disbursement <i>Campaign Supplies</i>		
Candidate Name <i>Linda Thompson</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>PA</i> District: <i>04</i>	

Full Name (Last, First, Middle Initial) <i>Sunoco</i>		Date of Disbursement M M / D D / Y Y Y Y <i>09 15 2014</i>
Mailing Address <i>PA TPK and Marsh Road</i>		Amount of Each Disbursement this Period <i>40.25</i>
City <i>Elverson</i>	State <i>PA</i>	
Zip Code <i>19520</i>		Category/ Type
Purpose of Disbursement <i>Fuel travel Expense</i>		
Candidate Name <i>Linda Thompson</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>PA</i> District: <i>04</i>	

Full Name (Last, First, Middle Initial) <i>McDonald's</i>		Date of Disbursement M M / D D / Y Y Y Y <i>09 15 2014</i>
Mailing Address <i>4605 Junestown Road</i>		Amount of Each Disbursement this Period <i>4.55</i>
City <i>Harrisburg</i>	State <i>PA</i>	
Zip Code <i>17109</i>		Category/ Type
Purpose of Disbursement <i>Volunteer Meetings</i>		
Candidate Name <i>Linda Thompson</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>PA</i> District: <i>04</i>	

SUBTOTAL of Disbursements This Page (optional) *99.90*

TOTAL This Period (last page this line number only)

1-800-4-A-VOTE

**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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NAME OF COMMITTEE (In Full)

FRIENDS OF LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

Amount of Each Disbursement this Period

41.51

A.

EXXON EXPRESS

Mailing Address

2017 W. 6th St.

City

Harrisburg

State

PA

Zip Code

17102

Purpose of Disbursement

Fuel travel Expense

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *04*

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
09 17 2014

Amount of Each Disbursement this Period

51.78

B.

Linda Thompson

Mailing Address

P.O. Box 505

City

Harrisburg

State

PA

Zip Code

17108

Purpose of Disbursement

Volunteer meeting expense, travel Expense

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *04*

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
09 17 2014

Amount of Each Disbursement this Period

50.00

C.

Democratic Party of York County

Mailing Address

275 West Market St.

City

York

State

PA

Zip Code

17401

Purpose of Disbursement

Attend F.R.

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *04*

SUBTOTAL of Disbursements This Page (optional)

143.29

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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NAME OF COMMITTEE (In Full)

FRIENDS OF LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 17 / 2014

Amount of Each Disbursement this Period

25,00

A. *FRIENDS OF McENTEE*

Mailing Address

1309 Mountain Road

City

Harrisburg

State

PA

Zip Code

17112

Purpose of Disbursement

Campaign PR Expense

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *04*

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 19 / 2014

Amount of Each Disbursement this Period

83.48

B. *the Original Copy Shop*

Mailing Address

12 South Third Street

City

Harrisburg

State

PA

Zip Code

17101

Purpose of Disbursement

Campaign supplies

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *04*

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 19 / 2014

Amount of Each Disbursement this Period

500.00

C. *Kurzweil Press*

Mailing Address

1424 Herr St.

City

Harrisburg

State

PA

Zip Code

17103

Purpose of Disbursement

Campaign cards & materials

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *04*

SUBTOTAL of Disbursements This Page (optional)

608.48

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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NAME OF COMMITTEE (In Full)

FRIENDS OF LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

09 23 2014

McDonald's

Mailing Address

4605 Jonestown Road

City

Harrisburg

State

PA

Zip Code

17109

Amount of Each Disbursement this Period

2.33

Purpose of Disbursement

volunteer meeting

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *04*

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

09 22 2014

Staples

Mailing Address

4203 Union Deposit Road

City

Harrisburg

State

PA

Zip Code

17111

Amount of Each Disbursement this Period

55.10

Purpose of Disbursement

Competition Supplies

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *04*

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

09 22 2014

Park Harrisburg

Mailing Address

No Address Call 717-234-2274

City

Harrisburg

State

PA

Zip Code

Amount of Each Disbursement this Period

1.50

Purpose of Disbursement

Parking Pass

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *04*

SUBTOTAL of Disbursements This Page (optional) _____

58.93

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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NAME OF COMMITTEE (In Full)

FRIENDS OF LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. *PARK HARRISBURG*

Mailing Address: *No Address - Cell 717-234-2276*

City: *Harrisburg* State: *PA* Zip Code: _____

Purpose of Disbursement: *Parking Fees*

Candidate Name: *Linda Thompson*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *PA* District: *04*

Date of Disbursement: *09 22 2014*

Amount of Each Disbursement this Period: *7.50*

B. *EXXON EXPRESS*

Mailing Address: *2017 n. 6th St*

City: *Harrisburg* State: *PA* Zip Code: *17102*

Purpose of Disbursement: *Fuel travel Expense*

Candidate Name: *Linda Thompson*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *PA* District: *04*

Date of Disbursement: *09 18 2014*

Amount of Each Disbursement this Period: *43.62*

C. *Nellie's Southern Stylz Cafe*

Mailing Address: *306 Reilly St*

City: *Harrisburg* State: *PA* Zip Code: *17102*

Purpose of Disbursement: *Campaign meeting*

Candidate Name: *Linda Thompson*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *PA* District: *04*

Date of Disbursement: *09 18 2014*

Amount of Each Disbursement this Period: *6.88*

SUBTOTAL of Disbursements This Page (optional) _____

58.00

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

Full Name (Last, First, Middle Initial) Charles OTTAVIANO		Date of Disbursement M M / D D / Y Y Y Y 09 23 2014
Mailing Address P.O. BOX 505		Amount of Each Disbursement this Period 20.00
City Harrisburg	State PA	
Zip Code 17108		Category/ Type
Purpose of Disbursement Reimburse Travel Expense		
Candidate Name Linda Thompson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 04	

Full Name (Last, First, Middle Initial) STAPLES		Date of Disbursement M M / D D / Y Y Y Y 09 29 2014
Mailing Address 4203 Union Deposit Road		Amount of Each Disbursement this Period 45.31
City Harrisburg	State PA	
Zip Code 17111		Category/ Type
Purpose of Disbursement Campaign Supplies		
Candidate Name Linda Thompson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 04	

Full Name (Last, First, Middle Initial) Wendy's		Date of Disbursement M M / D D / Y Y Y Y 09 29 2014
Mailing Address 1268 York Road		Amount of Each Disbursement this Period 17.30
City Groffysburg	State PA	
Zip Code 17325		Category/ Type
Purpose of Disbursement Volunteer Meeting Expense		
Candidate Name Linda Thompson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 04	

SUBTOTAL of Disbursements This Page (optional).....	82.61
TOTAL This Period (last page this line number only).....	

11-00000-1 UNIT - LINE 21

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

FRIENDS OF LINDA THOMPSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) *S & S Oil*

Mailing Address *1549 State St*

City *Harrisburg* State *PA* Zip Code *17103*

Purpose of Disbursement *Fuel travel 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: *09 24 2014*

Amount of Each Disbursement this Period: *480.68*

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

Mailing Address *No Address - call 717-234-2274*

City *Harrisburg* State *PA* Zip Code

Purpose of Disbursement *Parking fees*

Candidate Name *Linda Thompson* Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *PA* District: *04*

Date of Disbursement: *09 24 2014*

Amount of Each Disbursement this Period: *2.00*

C. Full Name (Last, First, Middle Initial) *Linda Thompson*

Mailing Address *P.O. Box 505*

City *Harrisburg* State *PA* Zip Code *17108*

Purpose of Disbursement *Reimbursement supplies, meetings, parking*

Candidate Name *Linda Thompson* Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: *PA* District: *04*

Date of Disbursement: *09 29 2014*

Amount of Each Disbursement this Period: *53.98*

SUBTOTAL of Disbursements This Page (optional) *104.66*

TOTAL This Period (last page this line number only)

11-11-11 11:11:11

**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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NAME OF COMMITTEE (In Full)

FRIENDS OF LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Linda Thompson		Date of Disbursement M M / D D / Y Y Y Y 09 29 2014
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 50.00
City Herrysburg	State PA	
Zip Code 17108		Category/ Type
Purpose of Disbursement Reimbursement York Co. FR		
Candidate Name Linda Thompson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 04	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 09 2014
Mailing Address P.O. Box 25505		Amount of Each Disbursement this Period 706.91
City Lehigh Valley	State PA	
Zip Code 18002-5505		Category/ Type
Purpose of Disbursement Campaign Phone Expense		
Candidate Name Linda Thompson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 04	

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

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

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

156.91

1120011-110011-200011

**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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NAME OF COMMITTEE (In Full)

FRIENDS OF LINDA THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 02 2014

Amount of Each Disbursement this Period

45.60

A. *Exxon Express*

Mailing Address

2017 N. 6th St.

City

Harrisburg

State

PA

Zip Code

17102

Purpose of Disbursement

Fuel travel Expense

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *04*

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 02 2014

Amount of Each Disbursement this Period

31.33

B. *Perkins Restaurant*

Mailing Address

2500 East Market St

City

York

State

PA

Zip Code

17402

Purpose of Disbursement

Compassa Volunteer meeting Expense

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District: *04*

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 02 2014

Amount of Each Disbursement this Period

7.61

C. *Perkins Restaurant*

Mailing Address

2500 East Market St

City

York

State

PA

Zip Code

17402

Purpose of Disbursement

Compassa Volunteer meeting

Candidate Name

Linda Thompson

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *PA*

District:

SUBTOTAL of Disbursements This Page (optional)

84.54

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

Full Name (Last, First, Middle Initial) Nellie's		Date of Disbursement M M / D D / Y Y Y Y 10 06 2014
Mailing Address 306 Raily St.		Amount of Each Disbursement this Period 27.96
City Harrisburg	State PA	
Zip Code 17102		Category/ Type
Purpose of Disbursement Campaign meetings		
Candidate Name Linda Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 04		

Full Name (Last, First, Middle Initial) PARK Harrisburg		Date of Disbursement M M / D D / Y Y Y Y 10 03 2014
Mailing Address NO ADDRESS - call 717-234-2774		Amount of Each Disbursement this Period 2.25
City Harrisburg	State PA	
Zip Code		Category/ Type
Purpose of Disbursement Parking Fees		
Candidate Name Linda Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 04		

Full Name (Last, First, Middle Initial) S & S OIL		Date of Disbursement M M / D D / Y Y Y Y 10 06 2014
Mailing Address 1549 State St.		Amount of Each Disbursement this Period 51.30
City Harrisburg	State PA	
Zip Code 17103		Category/ Type
Purpose of Disbursement Fuel-travel Expense		
Candidate Name Linda Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: PA District: 04		

SUBTOTAL of Disbursements This Page (optional)	81.51
TOTAL This Period (last page this line number only)	

LINDA 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)

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<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)

<p>A. <i>Harrisburg Hilton & Towers</i></p> <p>Mailing Address <i>One North Second Street</i></p> <p>City <i>Harrisburg</i> State <i>PA</i> Zip Code <i>17101</i></p> <p>Purpose of Disbursement <i>Campaign meetings</i></p> <p>Candidate Name <i>Linda Thompson</i></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <i>PA</i> District: <i>04</i></p>		<p>Date of Disbursement M M / D D / Y Y Y Y <i>10 09 2014</i></p> <p>Amount of Each Disbursement this Period <i>39.98</i></p>
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<p>B. <i>Nellis</i></p> <p>Mailing Address <i>306 Riely St</i></p> <p>City <i>Harrisburg</i> State <i>PA</i> Zip Code <i>17102</i></p> <p>Purpose of Disbursement <i>Campaign meeting Expense, vol 1</i></p> <p>Candidate Name <i>Linda Thompson</i></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <i>PA</i> District: <i>04</i></p>		<p>Date of Disbursement M M / D D / Y Y Y Y <i>10 10 2014</i></p> <p>Amount of Each Disbursement this Period <i>7.55</i></p>
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<p>C. <i>McDonald's</i></p> <p>Mailing Address <i>4605 Jonestown Road</i></p> <p>City <i>Harrisburg</i> State <i>PA</i> Zip Code <i>17108</i></p> <p>Purpose of Disbursement <i>Campaign meeting volunteers</i></p> <p>Candidate Name <i>Linda Thompson</i></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <i>PA</i> District: <i>04</i></p>		<p>Date of Disbursement M M / D D / Y Y Y Y <i>10 10 2014</i></p> <p>Amount of Each Disbursement this Period <i>2.94</i></p>
--	--	--

SUBTOTAL of Disbursements This Page (optional) _____

50.47

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

A. Goprint.com
Mailing Address: 7625 San Fernando Road
City: Burbank State: CA Zip Code: 91505
Purpose of Disbursement: Campaign materials
Candidate Name: Linda Thompson Category/Type:
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: PA District: 04
Date of Disbursement: 10 10 2014
Amount of Each Disbursement this Period: 232.00

B. Borough of Gettysburg
Mailing Address: 59 East High St.
City: Gettysburg State: PA Zip Code: 17325
Purpose of Disbursement: Parking 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: 10 10 2014
Amount of Each Disbursement this Period: 3.75

C. Metro Bank
Mailing Address: 4350 Linglestown Road
City: Harrisburg State: PA Zip Code: 17112
Purpose of Disbursement: Bank Fees
Candidate Name: Linda Thompson Category/Type:
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: PA District: 04
Date of Disbursement: 10 15 2014
Amount of Each Disbursement this Period: 37.00

SUBTOTAL of Disbursements This Page (optional) _____
TOTAL This Period (last page this line number only) 3363.37

2014-10-10 11:11:11

SCHEDULE C (FEC Form 3)

LOANS

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

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

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>N/A</i>	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	▶	
TOTALS This Period (last page in this line only).....	▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

1-800-4-A-FUN-DRA

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>FRIENDS OF LINDA THOMPSON FOR CONGRESS</i>		FEC IDENTIFICATION NUMBER <i>000500151</i>
LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address	Date Incurred or Established ____/____/____	____/____/____
City State Zip Code	Date Due ____/____/____	____/____/____

A. Has loan been restructured? No Yes If yes, date originally incurred _____/_____/_____

B. If line of credit,
 Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No 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?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No 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). Location of account: _____

Date account established: _____/_____/_____ 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 ____/____/____
---	------------------------

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	Title	DATE ____/____/____
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LINDA THOMPSON

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

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)	<input style="width:100%; height:20px;" type="text"/>
2) TOTALS This Period (last page this line number only)	<input style="width:100%; height:20px;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width:100%; height:20px;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%; height:20px;" type="text"/>

NON-PROFIT CORPORATION

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) FRIENDS OF LINDA THOMPSON FOR CONGRESS		Report Covering Period: From: 07 / 10 / 2014 To: 10 / 15 / 2014				
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			
A		2170.00	1,000.00			
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
A						
B	500.60		3420.00			
	(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
A						
B				3420.00	3363.37	
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(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
A						
B						
	(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
A						
B				154.33	210.96	
	(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			
A						
B						

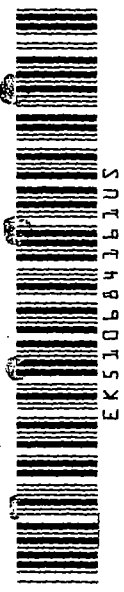
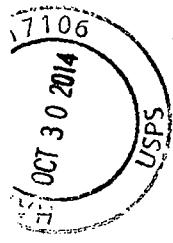
LINDA THOMPSON



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NEEDED DELIVERY TIME†
PACKING™ INCLUDED
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AVAILABLE
URE INCLUDED UPON REQUEST

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DFO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	COO Fee
17106	10 31 14	\$ 16.95	\$
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	Live Animal Transportation Fee
10 24 14	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Total Postage & Fees
1616	\$	\$	\$ 16.95
Weight	Flat Rate	Sunday/Holiday Premium Fee	Accomplices Employee Initials
8.57 lbs.	<input type="checkbox"/> Flat Rate <input checked="" type="checkbox"/> 625	\$	Med
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MM/DD/YY) Time	Time	Employee Signature	Employee Signature

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<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 10/30/14
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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10/31/14
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