### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :                  | on 2014                         | 10152      |                          |       | Repo<br>Filed |      | <b>/</b> :             | CAND               | DATE      |             | СОМ        | 4ITTEE             | ✓              | LOB                  | BYIST     |           |     |
|---|---------------------------------|------------|--------------------------|-------|---------------|------|------------------------|--------------------|-----------|-------------|------------|--------------------|----------------|----------------------|-----------|-----------|-----|
| Name of Filing C                                | Committee, Candid               | late or L  | obbyist:                 | P     | PA FA         | MIL  | IES                    | FIRST              |           |             |            |                    |                |                      |           |           | _   |
| Street Address:                                 | 1401 K ST, N                    | IW STE 2   | 200                      |       |               |      |                        |                    |           |             |            |                    |                |                      |           |           |     |
| City:   | WASHINGTO                       | N          |                          |       |               |      |                        | State:             | DC        |             |            | Zip Cod            | <b>le:</b> 20  | 0005                 |           |           |     |
| TYPE OF<br>REPORT                               | 6TH TUESDAY<br>PRE-PRIMARY      | 1.         | 2ND FRIDAY PE<br>PRIMARY | RE-   | 2.            |      | 30 DA<br>PRIM <i>A</i> |                    | POST-     | 3. <b>X</b> |            | AMENDM<br>REPORT   |                | Yes                  | No        | ~         |     |
| (place X to<br>the right of                     | 6TH TUESDAY<br>PRE-ELECTION     | 4.         | 2ND FRIDAY P<br>ELECTION | RE-   | - 5.          |      | 30 DA<br>ELECT         |                    | POST-     | 6.          |            | TERMINA<br>REPORT  |                | Yes                  | No        | ~         |     |
| report type)                                    | ANNUAL REPORT                   | 7.         | <b>Year</b> 2014         |       |               |      |                        | IG METH<br>CHECK O |           |             |            |                    |                | $\overline{}$        | DISKE     | TTE       |     |
| Name of Office S                                | Sought by Candida               | ite:       | •                        |       |               |      |                        | DATE (             | )F ELE    | CTIC        | N          | District<br>Number | Office<br>Code | Par                  | ty Code   | County    | ,   |
|   | ,                               |            |                          |       |               |      |                        | МО                 | DAY       | YI          | AR         | Number             | coue           |                      |           | couc      |     |
|   |                                 |            |                          |       |               |      |                        | 11                 |           | 4           | 2014       |                    | (SEE IN        | STRUCTI              | ONS FOR O | ODES)     | _   |
|   | Receipts and                    | МО         | DAY YE                   | AR    |               |      | '                      | МО                 | DAY       | ΥI          | EAR        | FO                 | R OFFI         | CE USE               | ONLY      |           |     |
| Expenditures                                    | s trom:                         |            | 5 6                      | 20    | 14            | TC   | )                      | $\epsilon$         | 5         | 9           | 2014       |                    |                |                      |           |           |     |
| A. Amount Bro                                   | ught Forward Fro                | m Last R   | eport                    |       |               |      | \$                     | -                  |           | 21,2        | 213.83     |                    |                |                      |           |           |     |
| B. Total Monet                                  | ary Contributions               | And Rec    | eipts (From Scl          | ned   | lule I        | )    | \$                     |                    | 1,        | 745,0       | 00.00      |                    |                |                      |           |           |     |
| C. Total Funds Available (Sum Of Lines A and B) |                                 |            |                          |       |               |      | \$                     | \$ 1,766,213.83    |           |             |            |                    |                |                      |           |           |     |
| D. Total Expenditures (From Schedule III)       |                                 |            |                          |       |               |      | \$                     |                    |           | 192,4       | 19.98      |                    |                |                      |           |           |     |
| E. Ending Cash                                  | Balance (Subtra                 | t Line D   | From Line C)             |       |               |      | \$                     |                    | 1,        | 573,7       | 93.85      | ]                  |                |                      |           |           |     |
| F. Value Of In-                                 | Kind Contribution               | s Receiv   | ed (From Sched           | lule  | e II)         |      | \$                     |                    |           |             | 0.00       |                    |                |                      |           |           |     |
| G. Unpaid Debt                                  | ts And Obligations              | (From S    | Schedule IV)             |       |               |      | \$                     |                    |           |             | 0.00       |                    |                |                      |           |           |     |
|   |                                 |            | AF                       | FI    | DΑV           | /IT  | SE                     | CTION              |           |             |            |                    |                |                      |           |           |     |
| PART I - If this is                             | s a Committee rep               | ort, trea  | surer sign here          | e. I1 | f this        | is a | a Can                  | ndidate r          | eport, o  | candi       | date sig   | ın here.           |                |                      |           |           |     |
| I swear (or affirm) correct and complete        | ) that this report, inc<br>ete. | luding the | e attached schedu        | les   | filed o       | n p  | aper o                 | or by elec         | tronic m  | edium       | , are to t | he best o          | f my kno       | wledge               | and belie | ef , true | à,  |
| Sworn to and subs                               | cribed before me th             | s          | 20                       |       |               |      |                        |                    |           | S           | Signature  | of Perso           | n Submit       | ting Re <sub>l</sub> | ort       |           | ,   |
|   | Signate                         | ıre        | _                        |       |               | _    |                        |                    |           |             |            | Prin               | ted Name       | e                    |           |           | -   |
| My Commission Ex                                | _                               |            |                          |       |               |      |                        |                    | -         |             |            | Ema                | il             |                      |           |           |     |
|   | мо                              | D          | AY Y                     | 'R    |               |      |                        |                    | Ar        | ea Cod      | le         | Daytim             | e Teleph       | one Nu               | mber      |           |     |
| Part II- If this is                             | a report of a can               | didate's   | authorized Con           | nmi   | ittee,        | Ca   | ndida                  | ate shall          | sign h    | ere.        |            |                    |                |                      |           |           |     |
| I swear (or affirm)<br>No 320) as amende        | that to the best of ed.         | my knowl   | edge and belief th       | nis p | politic       | al c | ommi                   | ittee has ı        | not viola | ted an      | y provis   | ions of the        | e act of J     | une 3,1              | 937 (P.L  | . 1333,   |     |
| Sworn to and subsc                              | ribed before me this            |            |                          |       |               |      |                        |                    |           |             | s          | ignature o         | of Candid      | ate                  |           |           | ۱ ٔ |
|   | day of<br>                      |            |                          |       |               | _    |                        |                    |           |             |            | D.:1               | d Nac          |                      |           |           | .   |
|   | Signature                       |            |                          |       |               | _    |                        |                    |           |             |            | Printe             | d Name         |                      |           |           |     |
| My Commission Exp                               | _                               |            |                          |       |               |      |                        |                    |           |             |            | Ema                | il             |                      |           |           |     |
|   | МО                              | D          | AY                       | YR    |               |      |                        |                    | Area      | Code        |            | Da                 | aytime T       | elephor              | ne Numb   | er        |     |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |                  |              |              |
|--|-----------|------------------|--------------|--------------|
| Name of Filing Committee or Candidate  | Reporting | g Period         |              |              |
| PA FAMILIES FIRST  | From:     | <u>5/6/201</u> 4 | <u>4</u> То: | 6/9/2014     |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |                  |              |              |
| TOTAL for the Reporting  | ) Period  | (1)              | \$           | 0.00         |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |                  |              |              |
| Contributions Received From Political Committees (Part A)  |           |                  | \$           | 0.00         |
| All Other Contributions (Part B)   |           |                  | \$           | 0.00         |
| TOTAL for the Reporting  | Period    | (2)              | \$           | 0.00         |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |                  |              |              |
| Contributions Received From Political Committees (Part C)  |           |                  | \$           | 0.00         |
| All Other Contributions (Part D)   |           |                  | \$           | 1,745,000.00 |
| TOTAL for the Reporting  | Period    | (3)              | \$           | 1,745,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |                  |              |              |
| TOTAL for the Reporting  | ) Period  | (4)              | \$           | 0.00         |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |                  | \$           | 1,745,000.00 |

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Name of Filing Committee or Cand    | didate |                | Reporting Period |     |      |      |    |        |  |
|-------------------------------------|--------|----------------|------------------|-----|------|------|----|--------|--|
|                                     |        |                | Fr               | om: |      | То   | :  |        |  |
|                                     |        |                |                  |     | DATE |      |    | AMOUNT |  |
| Full Name of Contributing Committee | ee     |                |                  | МО  | DAY  | YEAR |    |        |  |
| Mailing Address                     |        |                |                  |     |      |      | \$ | 0.00   |  |
| City                                | State  | Zip Code (Plus | 4)               |     |      |      |    |        |  |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
0.00

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee | or Candidate |                  | Rep | oorting P | eriod |      |    |            |
|--------------------------|--------------|------------------|-----|-----------|-------|------|----|------------|
|                          |              |                  | Fro | m:        |       | To   | ): |            |
|                          |              |                  |     |           | DATE  |      |    | AMOUNT     |
| Full Name of Contributor |              |                  |     | мо        | DAY   | YEAR |    |            |
| Mailing Address          |              |                  |     |           |       |      | \$ | 0.00       |
| City                     | State        | Zip Code (Plus 4 | )   |           |       |      |    |            |
|                          |              |                  |     |           |       |      |    | PAGE TOTAL |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

| Name of Filing Committee or Candidate                     |       |          | Reporting Period |      |     |      |          |            |    |  |
|---|-------|----------|------------------|------|-----|------|----------|------------|----|--|
|   |       |          | From:            |      |     | То:  |          |            |    |  |
|   |       |          |                  | DA   | TE  |      | P        | AMOUNT     |    |  |
| Full Name of Contributing Committee                       |       |          |                  | МО   | DAY | YEAR |          | 0          | 00 |  |
| Mailing Address   |       |          |                  |      |     |      | <b>+</b> | 0.         | 00 |  |
| City  | State | Zip Code | e (Plus 4)       |      |     |      |          |            |    |  |
|   |       |          |                  |      |     |      |          | PAGE TOTAL |    |  |
| nter Grand Total of Part C on Schedule I, Detailed Summar |       |          | age, Sectio      | n 3. |     |      | \$       | 0.0        | 0  |  |

## ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate   |   |                         | Repo         | orting Pe       | riod         |                             |                                      |    |
|---|---|-------------------------|--------------|-----------------|--------------|-----------------------------|--------------------------------------|----|
| PA FAMILIES FIRST   |   |                         | Fron         | n:              | <u>5/6/2</u> | <u>014</u> To               | : <u>6/9/2014</u>                    |    |
|   |   |                         |              | DA              | ATE          |                             | AMOUNT                               |    |
| Full Name of Contributor  |   |                         |              | мо              | DAY          | YEAR                        |                                      |    |
| SEIU Political Education Action Fund  |   |                         |              | МО              | DAT          | ILAK                        | \$ 500,000.                          | 00 |
| Mailing Address 1800 Massachusetts  | Avenue, NW                                    |                         |              | 5               | 22           | 2014                        | 1                                    |    |
| <b>City</b> Washington  | State   | Zip Code (Plu           | s <b>4</b> ) | 3               | 22           | 2014                        |                                      |    |
|   | DC  | 20036                   |              |                 |              |                             |                                      |    |
| Employer Name N/A   |   |                         |              | Occupat         | ion          | N/A                         |                                      |    |
| Employer Mailing Address/Principal Plac   | Place of Business City                        |                         |              |                 | State        |                             | Zip Code (Plus 4)                    |    |
| N/A   |   | N/A                     |              |                 |              |                             |                                      |    |
| Full Name of Contributor  |   |                         |              | мо              | DAY          | YEAR                        | \$ 550,000.                          | 00 |
| AFSCME Special Account  |   |                         |              |                 | 27.1         | ,                           | \$ 550,000.                          | UU |
| Mailing Address 1625 L Street, NW   |   |                         |              | 5               | 23           | 2014                        | 1                                    |    |
| <b>City</b> Washington  | State   | Zip Code (Plu           | <b>34)</b>   |                 |              |                             |                                      |    |
|   | DC  | 20036                   |              |                 |              |                             | <u> </u>                             |    |
| Employer Name N/A   |   |                         |              | Occupat         | ion          | N/A                         |                                      |    |
| Employer Mailing Address/Principal Plac   | e of Business                                 | City                    |              | State Zip Co    |              |                             | Zip Code (Plus 4)                    |    |
| N/A   |   | N/A                     |              |                 |              |                             |                                      |    |
|   |   |                         |              |                 |              |                             |                                      |    |
| Full Name of Contributor  |   |                         |              |                 | <b>-</b> 437 |                             |                                      |    |
| Full Name of Contributor  Democratic Governors Association  |   |                         |              | мо              | DAY          | YEAR                        | \$ 55,000.                           | 00 |
|   | Suite 200                                     |                         |              |                 |              |                             | -                                    | 00 |
| Democratic Governors Association  | Suite 200                                     | Zip Code (Plu           | s 4)         | <b>мо</b><br>5  | <b>DAY</b> 6 | <b>YEAR</b> 2014            | -                                    | 00 |
| Democratic Governors Association  Mailing Address 1401 K Street, NW S   |   | Zip Code (Plu<br>20005  | s 4)         |                 |              |                             | -                                    | 00 |
| Democratic Governors Association  Mailing Address 1401 K Street, NW S   | State   |                         | s 4)         |                 | 6            |                             | -                                    | 00 |
| Democratic Governors Association  Mailing Address 1401 K Street, NW S  City Washington  | State<br>DC                                   |                         | s 4)         | 5               | 6            | 2014                        | -                                    | 00 |
| Democratic Governors Association  Mailing Address 1401 K Street, NW S  City Washington  Employer Name N/A   | State<br>DC                                   | 20005                   | s 4)         | 5               | 6            | 2014                        |                                      | 00 |
| Democratic Governors Association  Mailing Address 1401 K Street, NW S  City Washington  Employer Name N/A  Employer Mailing Address/Principal Place   | State<br>DC                                   | 20005                   | s 4)         | 5<br>Occupat    | ion State    | 2014<br>N/A                 | Zip Code (Plus 4)                    |    |
| Democratic Governors Association  Mailing Address 1401 K Street, NW S  City Washington  Employer Name N/A  Employer Mailing Address/Principal Place N/A   | State<br>DC                                   | 20005                   | s 4)         | 5               | 6            | 2014                        |                                      |    |
| Democratic Governors Association  Mailing Address 1401 K Street, NW S  City Washington  Employer Name N/A  Employer Mailing Address/Principal Place N/A  Full Name of Contributor   | State  DC  Te of Business                     | 20005                   | s 4)         | 5 Occupat       | 6 State      | 2014<br>N/A<br>YEAR         | <b>Zip Code (Plus 4)</b> \$ 600,000. |    |
| Democratic Governors Association  Mailing Address 1401 K Street, NW S  City Washington  Employer Name N/A  Employer Mailing Address/Principal Place N/A  Full Name of Contributor  Democratic Governors Association   | State  DC  Te of Business                     | 20005                   |              | 5<br>Occupat    | ion State    | 2014<br>N/A                 | <b>Zip Code (Plus 4)</b> \$ 600,000. |    |
| Democratic Governors Association  Mailing Address 1401 K Street, NW S  City Washington  Employer Name N/A  Employer Mailing Address/Principal Place N/A  Full Name of Contributor  Democratic Governors Association  Mailing Address 1401 K Street, NW S                  | State DC Se of Business Suite 200             | 20005  City N/A         |              | 5 Occupat       | 6 State      | 2014<br>N/A<br>YEAR         | <b>Zip Code (Plus 4)</b> \$ 600,000. |    |
| Democratic Governors Association  Mailing Address 1401 K Street, NW S  City Washington  Employer Name N/A  Employer Mailing Address/Principal Place N/A  Full Name of Contributor  Democratic Governors Association  Mailing Address 1401 K Street, NW S                  | State DC Se of Business Suite 200 State       | City N/A  Zip Code (Plu |              | 5 Occupat       | 6 State DAY  | 2014<br>N/A<br>YEAR         | <b>Zip Code (Plus 4)</b> \$ 600,000. |    |
| Democratic Governors Association  Mailing Address 1401 K Street, NW S  City Washington  Employer Name N/A  Employer Mailing Address/Principal Place N/A  Full Name of Contributor  Democratic Governors Association  Mailing Address 1401 K Street, NW S  City Washington | State DC  Te of Business  Suite 200  State DC | City N/A  Zip Code (Plu |              | Occupate  MO  5 | 6 State DAY  | 2014<br>N/A<br>YEAR<br>2014 | <b>Zip Code (Plus 4)</b> \$ 600,000. |    |

| Full Name of Contributor                                  |       |                   | мо      | DAY            | YEAR | 40,000,00         |  |  |
|---|-------|-------------------|---------|----------------|------|-------------------|--|--|
| Democratic Governors Association                          |       |                   | 140     | DAI            | ILAK | \$ 40,000.00      |  |  |
| lailing Address 1401 K Street, NW Suite 200               |       |                   |         | 29             | 2014 | 1                 |  |  |
| City Washington   | State | Zip Code (Plus 4) | $\neg$  | 29             | 2017 |                   |  |  |
|   | DC    | 20005             |         |                |      |                   |  |  |
| Employer Name N/A   |       |                   | Occupat | Occupation N/A |      |                   |  |  |
| Employer Mailing Address/Principal Place of Business City |       |                   |         | State          |      | Zip Code (Plus 4) |  |  |
| N/A N/A   |       |                   |         |                |      |                   |  |  |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| PAGE TOTAL         |  |
|--------------------|--|
| \$<br>1,745,000.00 |  |

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee  | or Candidate              |                 | Report  | ing Peri | od  |      |    |            |
|---------------------------|---------------------------|-----------------|---------|----------|-----|------|----|------------|
|                           |                           |                 | From:   |          |     | To:  |    |            |
|                           |                           | <b>'</b>        |         |          | ATE |      |    | AMOUNT     |
| Full Name                 |                           |                 |         | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address           |                           |                 |         |          |     |      |    |            |
| City                      | State                     | Zip Code (P     | Plus 4) |          |     |      |    |            |
| Receipt Description       | <b>'</b>                  | 1               |         | <u> </u> |     |      | •  |            |
|                           |                           |                 |         | _        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | Section | 4.       |     |      | \$ | 0.00       |

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate  | Reporting Period |                            |          |
|--|------------------|----------------------------|----------|
| PA FAMILIES FIRST  | From:            | <u>5/6/2014</u> <b>To:</b> | 6/9/2014 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |                            |          |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 0.00     |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)             |                            |          |
| TOTAL for the Reporting Pe   | eriod (2)        | \$                         | 0.00     |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                  |                            |          |
| TOTAL for the Reporting Pe   | eriod (3)        | \$                         | 0.00     |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, |                  | \$                         | 0.00     |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidate |                  |                      | Reporting Period |          |      |             |           |      |
|---------------------------------------|------------------|----------------------|------------------|----------|------|-------------|-----------|------|
|                                       |                  |                      | From:            |          |      | То:         |           |      |
|                                       |                  |                      |                  | DATE     |      |             | AMOUNT    |      |
| Full Name of Contributor              |                  |                      | МО               | DAY      | YEAR |             |           |      |
| Mailing Address                       |                  |                      |                  |          |      | <b>7</b> \$ |           | 0.00 |
| City                                  | State            | Zip Code (Plus 4)    |                  |          |      |             |           |      |
| Description of Contribution:          | -                | <b>-</b>             | •                | •        | •    |             |           |      |
|                                       |                  |                      |                  |          |      |             |           |      |
| Enter Grand Total of Part F on Sche   | dule II, In-Kind | d Contributions Deta | iled Sum         | mary Pag | ge,  |             | PAGE TOTA | L    |
| Section 2.                            |                  |                      |                  |          |      | \$          |           | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Rep    | orting | Period       |       |      |                     |      |
|---|------------------|------|------------------|--------|--------|--------------|-------|------|---------------------|------|
|   |                  |      |                  | Fro    | m:     |              | To:   |      |                     |      |
|   |                  |      |                  |        |        | DATE         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                  |      |                  |        | мо     | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                  |      |                  |        |        |              |       |      | \$                  | 0.00 |
| City                                    | State            |      | Zip Code(Plus 4) |        |        |              |       |      |                     |      |
| Employer of Contributor                 |                  |      |                  |        | Occup  | ation        |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | V                | State  | e Zip  | Code(Plus 4) | Descr | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | Contributions De | etaile | ed     |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | ,                |      |                  |        |        |              |       |      |                     | 0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |          |     |          |  |
|---------------------------------------|------------------|----------|-----|----------|--|
| PA FAMILIES FIRST                     | From             | 5/6/2014 | То: | 6/9/2014 |  |

| To Whom Paid Adelstein Liston         MO         DAY         YEAR           Mailing Address         222 West Ontario Street Suite 600         5         26         2014         \$ 66           City Chicago         State IL         Cip Code (Plus 4)         DAY         YEAR         *** Production Services**           To Whom Paid NGP Van, Inc.         State ID Code (Plus 4)         Description of Expenditure           To Whom Paid NGP Van, Inc.         MO         DAY         YEAR   | 7,500.0<br>3,550.0                            |  |  |  |
|--|---|--|--|--|
| Adelstein Liston       MO DAY YEAR         Mailing Address 222 West Ontario Street Suite 600       5 26 2014 \$ 66         City Chicago       State IL       Zip Code (Plus 4) Description of Expenditure Production Services         To Whom Paid New Partners       MO DAY YEAR         Mailing Address 1250 Eye Street, NW Suite 200       5 26 2014 \$ 5         City Washington       State Zip Code (Plus 4) Description of Expenditure         NGP Van, Inc.         Mailing Address 1101 15th Street, NW Suite 500       5 26 2014 \$ 3         City Washington       State Zip Code (Plus 4) Description of Expenditure DC         DC       Description of Expenditure Design Services  | 7,500.0                                       |  |  |  |
| Adelstein Liston       Adelstein Liston       5       26       2014       \$ 66         Mailing Address       222 West Ontario Street Suite 600       5       26       2014       \$ 66         City Chicago       State       Zip Code (Plus 4)       DAY       YEAR         To Whom Paid       Mo DAY       YEAR         City Washington       State       Zip Code (Plus 4)       Description of Expenditure         Mo DAY       YEAR         Mailing Address       1101 15th Street, NW Suite 500       5       26       2014       \$         City Washington       State       Zip Code (Plus 4)       Description of Expenditure         DC       20005       Description of Expenditure         Description of Expenditure         DC       20005       Description of Expenditure         DC       20005       Description of Expenditure         DC   | 7,500.0                                       |  |  |  |
| City Chicago  State IL  60654  Production Services  To Whom Paid New Partners  Mo DAY  YEAR  Mailing Address 1250 Eye Street, NW Suite 200  State DC  2ip Code (Plus 4) Production Services  MO DAY  YEAR  Production Services  MO DAY  YEAR  Description of Expenditure State DC  20005  Strategic Consulting Services  To Whom Paid NGP Van, Inc.  Mailing Address 1101 15th Street, NW Suite 500  State DC  Zip Code (Plus 4) Description of Expenditure State DC  Strategic Consulting Services  To Whom Paid NGP Van, Inc.  Mailing Address 1101 15th Street, NW Suite 500  State DC  Zip Code (Plus 4) Description of Expenditure DC  Description of Expenditure | 7,500.0                                       |  |  |  |
| To Whom Paid New Partners  Mo DAY  YEAR  Mo DAY  YEAR  Mo DAY  YEAR  Mo DAY  YEAR  City Washington  State  DC  Zip Code (Plus 4)  DC  Zip Code (Plus 4)  DAY  YEAR  DAY  YEAR  DESCRIPTION OF Expenditure  Strategic Consulting Services  To Whom Paid  NGP Van, Inc.  Mo DAY  YEAR  DAY  YEAR  To Whom Paid  NGP Van, Inc.  Mo DAY  YEAR  DAY  YEAR  DAY  YEAR  DAY  YEAR  DAY  YEAR  DESCRIPTION OF Expenditure  DAY  YEAR  DESCRIPTION OF Expenditure  DC  Zip Code (Plus 4)  Description of Expenditure  DC  Description of Expenditure  |   |  |  |  |
| New Partners   |   |  |  |  |
| New Partners       MO DAY YEAR         Mailing Address       1250 Eye Street, NW Suite 200       5       26       2014       \$         City Washington       State DC       Zip Code (Plus 4)       Description of Expenditure         To Whom Paid NGP Van, Inc.       MO DAY       YEAR         Mailing Address       1101 15th Street, NW Suite 500       5       26       2014       \$         City Washington       State DC       Zip Code (Plus 4)       Description of Expenditure         DC       20005       Design Services  |   |  |  |  |
| New Partners       State Street, NW Suite 200       Zip Code (Plus 4)       Description of Expenditure         City Washington       State DC       Zip Code (Plus 4)       DAY       YEAR         Mo DAY       YEAR         City Washington       State Zip Code (Plus 4)       Description of Expenditure         To Whom Paid   |   |  |  |  |
| City Washington  State  DC  20005  Strategic Consulting Services  To Whom Paid  NGP Van, Inc.  Mailing Address  1101 15th Street, NW Suite 500  State  DC  Zip Code (Plus 4)  DAY  YEAR  To Washington  State  DC  Zip Code (Plus 4)  Description of Expenditure  DC  Description of Expenditure   |   |  |  |  |
| To Whom Paid NGP Van, Inc.  Mailing Address 1101 15th Street, NW Suite 500  State DC  Zip Code (Plus 4) Description of Expenditure DC  To Whom Paid  | 3,550.0                                       |  |  |  |
| To Whom Paid NGP Van, Inc.  Mailing Address 1101 15th Street, NW Suite 500  State Zip Code (Plus 4) Description of Expenditure DC 20005  To Whom Paid  | 3,550.0                                       |  |  |  |
| NGP Van, Inc.  Mo DAY YEAR  Mailing Address 1101 15th Street, NW Suite 500 5 26 2014 \$  City Washington State DC 20005 Design Services  To Whom Paid  | 3,550.0                                       |  |  |  |
| NGP Van, Inc.  Mailing Address 1101 15th Street, NW Suite 500  State Zip Code (Plus 4) Description of Expenditure  DC 20005  Design Services   | 3,550.0                                       |  |  |  |
| City Washington State Zip Code (Plus 4) Description of Expenditure DC 20005 Design Services  | 3,550.0                                       |  |  |  |
| DC 20005 Design Services  To Whom Paid   |   |  |  |  |
| To Whom Paid   |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| Normington, Petts & Associates   |   |  |  |  |
| Mailing Address         1050 17th Street, NW Suite 444         5         26         2014         \$         49   | 49,200.0                                      |  |  |  |
| City Washington State Zip Code (Plus 4) Description of Expenditure   | Description of Expenditure  Research Services |  |  |  |
| DC 20036 Research Services   |   |  |  |  |
| To Whom Paid MO DAY YEAR   |   |  |  |  |
| Perkins Coie   |   |  |  |  |
| Mailing Address         700 13th Street, NW Suite 600         5         26         2014         \$   |   |  |  |  |
| City Washington State Zip Code (Plus 4) Description of Expenditure   | 5,000.0                                       |  |  |  |
| vide vide (i lab i) bestingtion of Expenditure   | 5,000.0                                       |  |  |  |
| DC 20005 Legal Services  | 5,000.0                                       |  |  |  |
| DC 20005 Legal Services  To Whom Paid  | 5,000.0                                       |  |  |  |
| DC 20005 Legal Services  To Whom Paid MO DAY YEAR  | 5,000.0                                       |  |  |  |
| DC 20005 Legal Services  To Whom Paid Reger Research  DC 20005 Legal Services  | 25,328.6                                      |  |  |  |
| To Whom Paid Reger Research  DC 20005 Legal Services  MO DAY YEAR  |   |  |  |  |

| To Whom Paid  |  |       |                   | МО                                 | DAY              | YEAR       |           |          |  |
|---|--|-------|-------------------|------------------------------------|------------------|------------|-----------|----------|--|
| The Strategy Group  |  |       |                   | 140                                |                  | ILAK       |           |          |  |
| Mailing Address   | Mailing Address 1603 Orrington Avenue Suite 1730                 |       |                   | 5                                  | 26               | 2014       | \$        | 8,711.70 |  |
| City Evanston State Zip Code (Plus 4)                                   |  |       |                   | Description of Expenditure         |                  |            |           |          |  |
|   |  | IL    | 60201             | Design Services                    |                  |            |           |          |  |
| To Whom Paid  |  |       |                   |                                    | l <sub>DAV</sub> | VEAD       |           |          |  |
| Third Branch, LLC   |  |       |                   | МО                                 | DAY              | YEAR       |           |          |  |
| Mailing Address PO Box 621  |  |       |                   | 5                                  | 26               | 2014       | \$        | 3,000.00 |  |
| City Centre H   | City Centre Hall State Zip Code (Plus 4) Description of Exp      |       |                   |                                    |                  | enditure   |           |          |  |
|   |  | PA    | 16828             | Administrative Compliance Services |                  |            |           |          |  |
| To Whom Paid  |  |       |                   |                                    | DAY              | YEAR       |           |          |  |
| Normington, Pet   | ts & Associates  |       |                   | МО                                 | DAY              | YEAR       |           |          |  |
| Mailing Address 1050 17th Street, NW Suite 444                          |  |       | 5                 | 27                                 | 2014             | \$         | 24,000.00 |          |  |
| City Washingt   | ton  | State | Zip Code (Plus 4) | Description of Expenditure         |                  |            |           |          |  |
|   |  | DC    | 20036             | Research Services                  |                  |            |           |          |  |
| To Whom Paid  |  |       |                   | NO.                                | DAY              | YEAR       |           |          |  |
| Amalgamated Bank  |  |       |                   | МО                                 | DAT              | TEAR       |           |          |  |
| Mailing Address 1825 K Street, NW                                       |  |       | 5                 | 20                                 | 2014             | \$         | 129.63    |          |  |
| <b>City</b> Washingt  | City Washington State Zip Code (Plus 4) Description of Expenditu |       |                   |                                    |                  | enditure   |           |          |  |
|   |  | DC    | 20006             | Bank Fee                           |                  |            |           |          |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |  |       |                   |                                    |                  | PAGE TOTAL |           |          |  |
|   |  |       |                   |                                    | \$               | 192,419.98 |           |          |  |
| 1   |  |       |                   |                                    |                  |            |           | ļ        |  |