

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Ward and Smith, P.A. Political Action Committee

ADDRESS (number and street) Post Office Box 867  
 Check if different than previously reported. (ACC)  
New Bern NC 28563

2. **FEC IDENTIFICATION NUMBER** C00491506  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 06 30 2011

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 Sherry M. Toler

Signature of Treasurer Electronically Filed by Sherry M. Toler Date 07 29 2011

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 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Ward and Smith, P.A. Political Action Committee

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		34878.99
(b) Cash on Hand at Beginning of Reporting Period .....	34878.99	
(c) Total Receipts (from Line 19) .....	72500.00	72500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	107378.99	107378.99
7. Total Disbursements (from Line 31) .....	12500.00	12500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	94878.99	94878.99
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Ward and Smith, P.A. Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	72500.00	72500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	72500.00	72500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	72500.00	72500.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	72500.00	72500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	72500.00	72500.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	9500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3000.00	3000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12500.00	12500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	12500.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	72500.00	72500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72500.00	72500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 21  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Derek J. Allen		Date of Receipt MM / DD / YYYY 01 / 31 / 2011
Mailing Address Post Office Box 867		<b>Transaction ID:</b> SA11AI.4170
City New Bern	State NC	Zip Code 28563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Ward and Smith, P.A.	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) William Joseph Austin, Jr.		Date of Receipt MM / DD / YYYY 01 / 03 / 2011
Mailing Address Post Office Box 867		<b>Transaction ID:</b> SA11AI.4116
City New Bern	State NC	Zip Code 28563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Ward and Smith, P.A.	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) Adam M. Beaudoin		Date of Receipt MM / DD / YYYY 01 / 05 / 2011
Mailing Address Post Office Box 867		<b>Transaction ID:</b> SA11AI.4124
City New Bern	State NC	Zip Code 28563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Ward and Smith, P.A.	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Albert R. Bell, Jr.  
Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 1 1  
Transaction ID: SA11AI.4138  
Amount of Each Receipt this Period 2000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Jenna F. Butler  
Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 1 1  
Transaction ID: SA11AI.4148  
Amount of Each Receipt this Period 1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
A. Jose Cortina  
Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 1 1  
Transaction ID: SA11AI.4136  
Amount of Each Receipt this Period 1500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Alexander C. Dale

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

**Transaction ID:** SA11AI.4120

Amount of Each Receipt this Period  
2000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Eldridge D. Dodson

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 8 / 2 0 1 1

**Transaction ID:** SA11AI.4160

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Stuart B. Dorsett

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

**Transaction ID:** SA11AI.4112

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 21  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
William S. Durr

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.4130

Amount of Each Receipt this Period  
2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Donalt J. Eglinton

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P. A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4104

Amount of Each Receipt this Period  
2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
A. Charles Ellis

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4118

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Lynwood P. Evans

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

**Transaction ID:** SA11AI.4101

Amount of Each Receipt this Period  
2000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Michael P. Flanagan

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 7 / 2 0 1 1

**Transaction ID:** SA11AI.4152

Amount of Each Receipt this Period  
2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Samuel B. Franck

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

**Transaction ID:** SA11AI.4108

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
S. McKinley Gray, III

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

**Transaction ID:** SA11AI.4122

Amount of Each Receipt this Period  
2000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Barry P. Harris

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

**Transaction ID:** SA11AI.4128

Amount of Each Receipt this Period  
2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Merrill G. Jones, II

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 7 / 2 0 1 1

**Transaction ID:** SA11AI.4154

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 21  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) William R. Lathan		Date of Receipt MM / DD / YYYY 01 / 17 / 2011
Mailing Address Post Office Box 867		<b>Transaction ID:</b> SA11AI.4156
City New Bern	State NC	Zip Code 28563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Ward and Smith, P.A.	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**B.**

Full Name (Last, First, Middle Initial) Cheryl A. Marteney		Date of Receipt MM / DD / YYYY 01 / 14 / 2011
Mailing Address Post Office Box 867		<b>Transaction ID:</b> SA11AI.4144
City New Bern	State NC	Zip Code 28563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Ward and Smith, P.A.	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) John M. Martin		Date of Receipt MM / DD / YYYY 01 / 24 / 2011
Mailing Address Post Office Box 867		<b>Transaction ID:</b> SA11AI.4168
City New Bern	State NC	Zip Code 28563
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Ward and Smith, P.A.	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 21  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Lance P. Martin

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2011

Transaction ID: SA11AI.4172

Amount of Each Receipt this Period  
2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
E. Eric Mills

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2011

Transaction ID: SA11AI.4142

Amount of Each Receipt this Period  
2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
James W. Norment

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2011

Transaction ID: SA11AI.4114

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **9000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 21  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jeannette A. Parrott

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

Transaction ID: SA11AI.4150

Amount of Each Receipt this Period  
1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Clifford P. Parson

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2011

Transaction ID: SA11AI.4110

Amount of Each Receipt this Period  
2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Gregory T. Peacock

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2011

Transaction ID: SA11AI.4158

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Samuel H. Poole

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2011

**Transaction ID:** SA11AI.4140

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Eric J. Remington

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2011

**Transaction ID:** SA11AI.4146

Amount of Each Receipt this Period  
2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Clint D. Routson

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2011

**Transaction ID:** SA11AI.4106

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Stanley M. Sams

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID:** SA11AI.4132

Amount of Each Receipt this Period  
2000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Jeremy R. Sayre

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2011

**Transaction ID:** SA11AI.4126

Amount of Each Receipt this Period  
2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Frank H. Sheffield, Jr.

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2011

**Transaction ID:** SA11AI.4166

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John R. Sloan

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2011

**Transaction ID:** SA11AI.4162

Amount of Each Receipt this Period  
2000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
H. L. Stephenson, III

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2011

**Transaction ID:** SA11AI.4164

Amount of Each Receipt this Period  
2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Leigh A. Wilkinson

Mailing Address Post Office Box 867

City State Zip Code  
New Bern NC 28563

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

Name of Employer Ward and Smith, P.A. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 11 / 2011

**Transaction ID:** SA11AI.4134

Amount of Each Receipt this Period  
2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 21	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) A. Rexford Willis, III		Date of Receipt																					
	Mailing Address Post Office Box 867		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	8	/	2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2	/	2	8	/	2	0	1	1														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4174																				
	New Bern	NC	28563	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	1000.00																					
Name of Employer Ward and Smith, P.A.		Occupation Attorney	Contribution																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	1000.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	72500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>BOEHNER FOR SPEAKER COMMITTEE</b>	<b>Transaction ID:</b> SB23.4186 Date of Disbursement 05 / 11 / 2011	
	Mailing Address 631-B PENNSYLVANIA AVE., SE BASEMENT UNIT		
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement Candidate Name	011 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>BUTTERFIELD, G K</b>	<b>Transaction ID:</b> SB23.4190 Date of Disbursement 05 / 18 / 2011	
	Mailing Address 2407 BEL AIR AVENUE		
	City WILSON State NC Zip Code 27893	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement Candidate Name	011 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MIKE MCINTYRE FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.4188 Date of Disbursement 05 / 13 / 2011	
	Mailing Address P.O. BOX 1		
	City LUMBERTON State NC Zip Code 28359	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Candidate Name	011 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**5500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

A.	Full Name (Last, First, Middle Initial) WALTER JONES COMMITTEE	Transaction ID: SB23.4182
	Mailing Address PO BOX 3962	Date of Disbursement 02 / 23 / 2011
	City GREENVILLE State NC Zip Code 27836	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) WALTER JONES COMMITTEE	Transaction ID: SB23.4184
	Mailing Address PO BOX 3962	Date of Disbursement 04 / 20 / 2011
	City GREENVILLE State NC Zip Code 27836	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4000.00

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

9500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Ward and Smith, P.A. Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Republican House Majority Fund

Mailing Address P.O. Box 12905

City Raleigh State NC Zip Code 27605

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB29.4198

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Amount of Each Disbursement this Period

1000.00
---------

011  
Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
The Goodwin Committe The Goodwin Committee

Mailing Address P.O. Box 27841

City Raleigh State NC Zip Code 27611

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB29.4195

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Amount of Each Disbursement this Period

1000.00
---------

011  
Category/  
Type

C.

Full Name (Last, First, Middle Initial)  
The Jesse Helms Center Foundation

Mailing Address P.O. Box 247

City Wingate State NC Zip Code 28174

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB29.4199

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Amount of Each Disbursement this Period

1000.00
---------

012  
Category/  
Type

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

3000.00

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

3000.00