

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
MATHENY FOR CONGRESS

ADDRESS (number and street) PO BOX 29328
 Check if different than previously reported. (ACC) GREENSBORO NC 27429

2. **FEC IDENTIFICATION NUMBER** C C00555045 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NC 06

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 05 / 06 / 2014 in the State of NC
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 04 / 16 / 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 CABELL HOBBS
Signature of Treasurer CABELL HOBBS [Electronically Filed] Date 04 / 24 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MATHENY FOR CONGRESS

Report Covering the Period: From: / / To: / /

	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))....	29046.85	235086.98
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	29046.85	235086.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	94369.69	193187.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	32.20	32.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	94337.49	193155.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	41931.25	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MATHENY FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 16 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24250.00	200670.72
(ii) Unitemized.....	4796.85	22500.06
(iii) TOTAL of contributions from individuals ▶	29046.85	223170.78
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	11250.00
(d) The Candidate.....	0.00	666.20
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	29046.85	235086.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	32.20	32.20
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	29079.05	235119.18

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	94369.69	193187.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	94369.69	193187.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	107221.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29079.05
25. SUBTOTAL (add Line 23 and Line 24).....	136300.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	94369.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	41931.25

**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 5 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT S. AIKEN

Mailing Address 801 PENNSYLVANIA AVE. NW STE 214

City State Zip Code
WASHINGTON DC 20004

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

Name of Employer Occupation
PINNACLE WEST VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.5465

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
T. RICHARD BEARD JR

Mailing Address 2908 ROUNDHILL RD

City State Zip Code
GREENSBORO NC 27408

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

Name of Employer Occupation
SIMPSON, SCHULMAN & BEARD REAL ESTATE BROKERAGE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.5405

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 5 WILLOW OAK CT

City State Zip Code
GREENSBORO NC 27408

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

Name of Employer Occupation
CAROLINA FRESH WATER EXECUTIVE/PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.5333

Amount of Each Receipt this Period
300.00
CONTRIBUTION

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
W. HARDEN BLACKWELL

Mailing Address 11 CHARLESTON SQ.

City Greensboro State NC Zip Code 27408

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

Name of Employer TERMINIX Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5313

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ADRIENNE LESTER BRADY

Mailing Address 1810 HUNTINGTON RD

City Greensboro State NC Zip Code 27408

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.5339

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSEPH M BRANTLEY III

Mailing Address 2105 GRANVILLE RD

City Greensboro State NC Zip Code 27408

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

Name of Employer BRANTLEY PROPERTIES Occupation APARTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5291

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RANDALL BUCHANAN

Mailing Address 207 IRVING PL

City Greensboro State NC Zip Code 27408

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

Name of Employer CENTRAL CAROLINA CONCRETE Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period
 400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES G. BURGIO

Mailing Address 5409 MECKLENBURG RD

City Greensboro State NC Zip Code 27407

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

Name of Employer ALLIANCE TECHNOLOGY Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.5312

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARC R. BUSH

Mailing Address 4503 TOWER RD

City Greensboro State NC Zip Code 27410

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5433

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

1900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDREW CHAMBERLIN

Mailing Address **7 LEVELWIND CT**

City **GREENSBORO** State **NC** Zip Code **27455**

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

Name of Employer **ELLIS & WINTERS LLP** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11AI.5298

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL R. COOKE II

Mailing Address **6043 LAKE BRANDT RD**

City **GREENSBORO** State **NC** Zip Code **27455**

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

Name of Employer **RENTENBACH** Occupation **BUSINESS DEVELOPMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.5310

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HENRY V. CUNNINGHAM JR

Mailing Address **2003 LAFAYETTE AVE**

City **GREENSBORO** State **NC** Zip Code **27408**

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

Name of Employer **CUNNINGHAM & CO** Occupation **MORTGAGE BROKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.5361

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MONTE EDWARDS

Mailing Address 8125 ROYAL SAINT GEORGES LN

City State Zip Code
DULUTH GA 30097

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

Name of Employer Occupation
SRS EXECUTIVE VICE PRESIDENT / PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2014

Transaction ID : SA11AI.5329

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 26 LOCH RIDGE DR

City State Zip Code
GREENSBORO NC 27408

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

Name of Employer Occupation
VF EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.5327

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 569 HODGIN VALLEY RD

City State Zip Code
PLEASANT GARDEN NC 27313

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

Name of Employer Occupation
CROSSROADS BUILDING AND DEVELOPMEI OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.5371

Amount of Each Receipt this Period
200.00
CONTRIBUTION

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KIM HAYES

Mailing Address 605 ELMWOOD DR

City Greensboro State NC Zip Code 27408

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.5347

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT E. HELMS JR

Mailing Address 310 IRVING PL

City Greensboro State NC Zip Code 27408

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

Name of Employer HOMESERVICES LENDING, LLC Occupation EXECUTIVE VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5331

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TONY H. JARRETT

Mailing Address 321 S. ELM ST. APT 301

City Greensboro State NC Zip Code 27401

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

Name of Employer ALLEN TATE COMPANY Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5398

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

3100.00

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

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

FOR LINE NUMBER: PAGE 11 OF 35
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COLLEEN W. LONG

Mailing Address 909 BROOKSIDE DR

City Greensboro State NC Zip Code 27408

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

Name of Employer ALLEN TATE Occupation REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5409

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT L. LOVEJOY JR

Mailing Address 2207 GRANVILLE RD

City Greensboro State NC Zip Code 27408

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

Name of Employer HIP LABELS Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHNS M MARTIN

Mailing Address 2103 LAFAYETTE AVE.

City Greensboro State NC Zip Code 27408

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

Name of Employer ADAMS ELECTRIC Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5365

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 35

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MACKEY J MCDONALD

Mailing Address 55 LANDS END DR

City Greensboro State NC Zip Code 27408

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5439

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
J. STAFFORD MOSER SR

Mailing Address 6795 MEADOW VIEW DR

City Summerfield State NC Zip Code 27358

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

Name of Employer LINCOLN FINANCIAL Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.5463

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RUSSELL R. MYERS

Mailing Address 2008 PEMBROKE RD

City Greensboro State NC Zip Code 27408

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

Name of Employer BLUE RIDGE CAPITAL MANAGEMENT Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARBARA S. PALMER

Mailing Address 2203 GRANVILLE RD

City Greensboro State NC Zip Code 27408

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5341

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
W. LUTHER PIERCE IV

Mailing Address 6518 AIRPORT CENTER DR

City Greensboro State NC Zip Code 27409

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

Name of Employer PLYBON & ASSOCIATES Occupation INSURANCE SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.5351

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS J. ROSETTA

Mailing Address 3516 WALDRON DR

City Greensboro State NC Zip Code 27408

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5431

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EVANDER SIMPSON

Mailing Address 1915 GRANVILLE RD

City Greensboro State NC Zip Code 27408

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

Name of Employer SIMPSON COMMERCIAL Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.5404

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 204 GALWAY DR

City Chapel Hill State NC Zip Code 27517

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

Name of Employer BELL PARTNERS Occupation COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.5319

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT DIXON SMITH

Mailing Address 1003 W. CORNWALLIS DR

City Greensboro State NC Zip Code 27408

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

Name of Employer BLUE WATER SUPPLY Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5368

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEVEN J. SPAIN

Mailing Address 15 WYNNEWOD CT.

City Greensboro State NC Zip Code 27408

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

Name of Employer VALAGRO, INC Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11AI.5355

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SHIRLEY P SPEARS

Mailing Address 508 WILLOUGHBY BLVD

City Greensboro State NC Zip Code 27408

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11AI.5435

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
R. DAVID SPRINKLE

Mailing Address 3000 ST. REGIS

City Greensboro State NC Zip Code 27408

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.5419

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER CRAIG STONE

Mailing Address 506 S. ELAM AVE

City Greensboro State NC Zip Code 27403

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

Name of Employer WYNNEFIELD PROPERTIES Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11AI.5395

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 1610 DEERCROFT CT

City Greensboro State NC Zip Code 27407

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

Name of Employer WYNNEFIELD PROPERTIES Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.5379

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRUCE R. TAYLOR

Mailing Address 4600 VICKERY CHAPEL RD

City Greensboro State NC Zip Code 27407

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA11AI.5315

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TIMOTHY BRADY TEMPLETON

Mailing Address **PO BOX 9375**

City **GREENSBORO** State **NC** Zip Code **27429**

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

Name of Employer **SENN, DUNN** Occupation **INSURANCE, PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.5353

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **718 DOVER RD**

City **GREENSBORO** State **NC** Zip Code **27408**

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

Name of Employer **CERTUS PROPERTIES** Occupation **PROPERTY MANAGER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11AI.5396

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRED ALLEN WHITFIELD

Mailing Address **4620 PIEDMONT ROW DR. UNIT 312**

City **CHARLOTTE** State **NC** Zip Code **28210**

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

Name of Employer **CAROLINA BOBCATS** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.5389

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHENY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES T WILLIAMS

Mailing Address 3207 ROUND HILL RD

City Greensboro State NC Zip Code 27408

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

Name of Employer: BROOKS PIERCE Occupation: ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 07 / 2014

Transaction ID : SA11AI.5295

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KYLE A. YOUNG

Mailing Address 3201 ST. REGIS RD

City Greensboro State NC Zip Code 27408

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

Name of Employer: N/A Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 08 / 2014

Transaction ID : SA11AI.5429

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 803 DOVER RD

City Greensboro State NC Zip Code 27408

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

Name of Employer: CARRUTHERS AND ROTH Occupation: ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 311.99

Date of Receipt: 04 / 16 / 2014

Transaction ID : SA11AI.5296

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

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

600.00

24250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 35			
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AUNT BEA'S		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 628 S MAIN ST.		Amount of Each Disbursement this Period 292.00 Transaction ID : SB17.5477
City MT. AIRY	State NC	
Zip Code 27030	Purpose of Disbursement CATERING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AUTHNET GATEWAY		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 52.16 Transaction ID : SB17.5482
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AUTISM UNBOUND		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address PO BOX 41166		Amount of Each Disbursement this Period 940.00 Transaction ID : SB17.5525
City GREENSBORO	State NC	
Zip Code 27404	Purpose of Disbursement REGISTRATION FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1284.16
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 20 OF 35	
	<input checked="" 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)
MATHENY FOR CONGRESS

A. COURTYARD BY MARRIOTT

Full Name (Last, First, Middle Initial)
Mailing Address 10400 FERNWOOD RD.

City: BETHESDA State: MD Zip Code: 20817

Purpose of Disbursement: FOOD/BEVERAGE

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 04 / 14 / 2014

Amount of Each Disbursement this Period: 433.96

Transaction ID : SB17.5513

B. E CONTACT SYSTEM

Full Name (Last, First, Middle Initial)
Mailing Address 210 N MAIN ST, STE 330

City: KERNERSVILLE State: NC Zip Code: 27282

Purpose of Disbursement: SOFTWARE PURCHASE

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 04 / 11 / 2014

Amount of Each Disbursement this Period: 149.95

Transaction ID : SB17.5530

C. EMPIRE BUILDING LLC

Full Name (Last, First, Middle Initial)
Mailing Address 309 GALLIMORE DAIRY RD.

City: GREENSBORO State: NC Zip Code: 27409

Purpose of Disbursement: RENT

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 04 / 01 / 2014

Amount of Each Disbursement this Period: 875.00

Transaction ID : SB17.5529

SUBTOTAL of Disbursements This Page (optional) 1458.91

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 21 OF 35		
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. G FORCE MARKETING		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 3300 BATTLEGROUND AVE STE 101		Amount of Each Disbursement this Period 22190.96 Transaction ID : SB17.5514
City GREENSBORO State NC Zip Code 27410	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. G FORCE MARKETING		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 3300 BATTLEGROUND AVE STE 101		Amount of Each Disbursement this Period 42080.00 Transaction ID : SB17.5515
City GREENSBORO State NC Zip Code 27410	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GRAPHIC SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 2952 MAIN ST.		Amount of Each Disbursement this Period 6224.90 Transaction ID : SB17.5523
City SAN DIEGO State CA Zip Code 92113	Purpose of Disbursement PRINTING/POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	70495.86
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 22 OF 35	
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HARRIS TEETER		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO BOX 10100		Amount of Each Disbursement this Period 339.98 Transaction ID : SB17.5505
City MATTHEWS State NC Zip Code 28106	Purpose of Disbursement FOOD/BEVERAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. HARRIS TEETER		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address PO BOX 10100		Amount of Each Disbursement this Period 184.52 Transaction ID : SB17.5507
City MATTHEWS State NC Zip Code 28106	Purpose of Disbursement FOOD/BEVERAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. HARRIS TEETER		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address PO BOX 10100		Amount of Each Disbursement this Period 17.35 Transaction ID : SB17.5511
City MATTHEWS State NC Zip Code 28106	Purpose of Disbursement FOOD/BEVERAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	339.98
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 23 OF 35			
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HARRIS TEETER		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address PO BOX 10100		Amount of Each Disbursement this Period 3,000.00 Transaction ID : SB17.5512
City MATTHEWS	State NC	
Zip Code 28106	Purpose of Disbursement FOOD/BEVERAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MATTHEWS MOBILE MEDIA		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 101 S SWING RD.		Amount of Each Disbursement this Period 2,892.93 Transaction ID : SB17.5520
City GREENSBORO	State NC	
Zip Code 27409	Purpose of Disbursement PRINTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 25.62 Transaction ID : SB17.5489
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3084.01
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 24 OF 35	
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 36.78
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.5490
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 51.21
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.5491
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 350.42
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.5492
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	438.41
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 25 OF 35		
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 53.13 Transaction ID : SB17.5493
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 10.95 Transaction ID : SB17.5494
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 10.51 Transaction ID : SB17.5495
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	74.59
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 26 OF 35		
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 3.50 Transaction ID : SB17.5496
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 5.48 Transaction ID : SB17.5483
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 0.55 Transaction ID : SB17.5497
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9.53
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 27 OF 35		
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement
Mailing Address 448 S HILL ST STE 200		M M / D D / Y Y Y Y 04 / 08 / 2014
City	State	Zip Code
LOS ANGELES	CA	90013
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period
Candidate Name	Category/Type	4.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5498
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement
Mailing Address 448 S HILL ST STE 200		M M / D D / Y Y Y Y 04 / 09 / 2014
City	State	Zip Code
LOS ANGELES	CA	90013
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period
Candidate Name	Category/Type	6.79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5484
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement
Mailing Address 448 S HILL ST STE 200		M M / D D / Y Y Y Y 04 / 11 / 2014
City	State	Zip Code
LOS ANGELES	CA	90013
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period
Candidate Name	Category/Type	3.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5485
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14.48
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)	PAGE 28 OF 35			
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 3.50 Transaction ID : SB17.5486
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 4.38 Transaction ID : SB17.5487
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 36.12 Transaction ID : SB17.5488
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	44.00
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)		PAGE 29 OF 35	
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NICK WILKINSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address PO BOX 29328		Amount of Each Disbursement this Period 334.06
City GREENSBORO	State NC	
Zip Code 27429	Purpose of Disbursement EQUIPMENT RENTAL	Transaction ID : SB17.5475
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RENTAL WORKS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 510 N ELM ST.		Amount of Each Disbursement this Period 334.06
City GREENSBORO	State NC	
Zip Code 27401	Purpose of Disbursement EQUIPMENT RENTAL	Transaction ID : SB17.5475.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. NORTH CAROLINA REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1506 HILLSBOROUGH ST.		Amount of Each Disbursement this Period 750.00
City RALEIGH	State NC	
Zip Code 27605	Purpose of Disbursement EVENT REGISTRATION FEE	Transaction ID : SB17.5469
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1084.06
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 30 OF 35	
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 2620 WANDERSON LN.		Amount of Each Disbursement this Period 24.54 Transaction ID : SB17.5518
City AUSTIN State TX Zip Code 78757	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. OLD EBBITT GRILL		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 675 15TH STREET NW		Amount of Each Disbursement this Period 99.67 Transaction ID : SB17.5510
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. OLD NORTH STATE WINERY		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 308 N MAIN ST.		Amount of Each Disbursement this Period 205.44 Transaction ID : SB17.5479
City MT. AIRY State NC Zip Code 27030	Purpose of Disbursement CATERING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	329.65
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 31 OF 35	
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SAKURA ICHIBAN			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014	
Mailing Address 3015 HIGH POINT RD.			Amount of Each Disbursement this Period 300.00	
City GREENSBORO	State NC	Zip Code 27403	Transaction ID : SB17.5481	
Purpose of Disbursement CATERING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. SHEETZ			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014	
Mailing Address 2628 ALAMANCE RD			Amount of Each Disbursement this Period 74.96	
City BURLINGTON	State NC	Zip Code 27215	Transaction ID : SB17.5538	
Purpose of Disbursement TRAVEL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. SHEETZ			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014	
Mailing Address 2628 ALAMANCE RD			Amount of Each Disbursement this Period 20.19	
City BURLINGTON	State NC	Zip Code 27215	Transaction ID : SB17.5546	
Purpose of Disbursement TRAVEL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	395.15
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 32 OF 35	
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address PO BOX 2463		Amount of Each Disbursement this Period 40.00
City HOUSTON State TX Zip Code 77252	Purpose of Disbursement TRAVEL	
Candidate Name		Transaction ID : SB17.5534
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address PO BOX 2463		Amount of Each Disbursement this Period 72.93
City HOUSTON State TX Zip Code 77252	Purpose of Disbursement TRAVEL	
Candidate Name		Transaction ID : SB17.5544
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SNAP PUBLICATIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 201 N ELM ST STE 201		Amount of Each Disbursement this Period 420.00
City GREENSBORO State NC Zip Code 27401	Purpose of Disbursement MEDIA	
Candidate Name		Transaction ID : SB17.5516
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	532.93
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)	PAGE 33 OF 35		
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TAXI MAGIC		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 5904 RICHMOND HWY.		Amount of Each Disbursement this Period 38.70
City ALEXANDRIA State VA Zip Code 22303	Purpose of Disbursement TRAVEL	
Candidate Name		Transaction ID : SB17.5541
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TAXI MAGIC		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 5904 RICHMOND HWY.		Amount of Each Disbursement this Period 21.83
City ALEXANDRIA State VA Zip Code 22303	Purpose of Disbursement TRAVEL	
Candidate Name		Transaction ID : SB17.5542
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TAXI MAGIC		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 5904 RICHMOND HWY.		Amount of Each Disbursement this Period 13.82
City ALEXANDRIA State VA Zip Code 22303	Purpose of Disbursement TRAVEL	
Candidate Name		Transaction ID : SB17.5543
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	74.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 35	
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE TARRANCE GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 201 N UNION ST, STE 410		Amount of Each Disbursement this Period 13462.00 Transaction ID : SB17.5473
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement SURVEY RESEARCH	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address PO BOX 60074		Amount of Each Disbursement this Period 305.62 Transaction ID : SB17.5547
City CITY OF INDUSTRY State CA Zip Code 91716	Purpose of Disbursement UTILITIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. TOTAL WINE & MORE		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 11325 SEVEN LOCKS RD, STE 214		Amount of Each Disbursement this Period 65.50 Transaction ID : SB17.5506
City POTOMAC State MD Zip Code 20854	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13833.12
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 35 OF 35	
	<input checked="" 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)
MATHENY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 201 N MURROW BLVD.		Amount of Each Disbursement this Period 49.00
City GREENSBORO State NC Zip Code 27401	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.5519
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VITAL SIGNS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 6215 REATA DR.		Amount of Each Disbursement this Period 95.00
City SUMMERFIELD State NC Zip Code 27358	Purpose of Disbursement PRINTING	
Candidate Name		Transaction ID : SB17.5521
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

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	Purpose of Disbursement	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	144.00
TOTAL This Period (last page this line number only).....	93637.19