

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
FEC MAIL CENTER

Office Use Only  
12FE4M5

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

COMMITTEE TO ELECT BOB ISNER FOR CONGRESS

ADDRESS (number and street)

1852 BANKING ST #9627

Check if different than previously reported. (ACC)

GREENSBORO NC 27408

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00617704

3. IS THIS REPORT NEW OR AMENDED

STATE DISTRICT NC 13

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 06/07/2016 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

04/01/2016 through 05/26/2016

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 Karen H Isner

Signature of Treasurer *Karen H Isner* Date 06/09/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use

FEC FORM 3



**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

COMMITTEE TO ELECT BOB ISLER FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

 / 

D	D
0	1

 / 

Y	Y	Y	Y	Y	Y
2	0	1	6		

 To: 

M	M
0	5

 / 

D	D
2	6

 / 

Y	Y	Y	Y	Y	Y
2	0	1	6		

**I. RECEIPTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

10,500.00
1,650.00
12,150.00
0
0
0
12,150.00

10,500.00
1,650.00
12,150.00
0
0
1,740.00
13,890.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0
---

0
---

13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

<del>15.00</del> 0.00
0
0

15.00.00
0
15.00.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0
---

0
---

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0
---

0
---

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

12,150.00
-----------

15,389.00
-----------

NON-PROFIT ORGANIZATION



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

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

(check only one)

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

Committee To Elect Rod Isner For Congress

Full Name (Last, First, Middle Initial)

A. ~~Alan~~ Berdy Alan

Mailing Address

C/O Berdy Family Investments 1616 Battleground Ave

City

Greensboro

State

NC

Zip Code

27401

Date of Receipt

04 / 11 / 2016

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

1,000.00

Name of Employer

N/A

Occupation

Retiree

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1,000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Corlison Nancy

Mailing Address

113 N Church St Apt 204

City

Greensboro

State

NC

Zip Code

27401

Date of Receipt

04 / 21 / 2016

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

250.00

Name of Employer

Self Employer

Occupation

Realtor

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Isner John R

Mailing Address

12005 Condellade de Aville

City

Tampa

State

Florida

Zip Code

33613

Date of Receipt

09 / 18 / 2016

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

1,000.00

Name of Employer

Self Employer

Occupation

Tennis Player

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Memo Item

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

2,250.00

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

20160918 11:00 AM



**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Committees To Elect Rob Inc For Congress

Full Name (Last, First, Middle Initial)

A. ~~ROBERT~~ CHAPMAN, ROBERT L

Mailing Address

2525 Lanier Pl.

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing federal political committee.

C

Name of Employer

TNP Partners

Occupation

Developer

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

05 26 500.00

Date of Receipt

MM / DD / YYYY  
04 / 01 / 2016

Amount of Each Receipt this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hobbs, James W

Mailing Address

6 Willet Way

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:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

04 08 500.00

Date of Receipt

MM / DD / YYYY  
04 / 11 / 2016

Amount of Each Receipt this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KERN, MILTON

Mailing Address

454 Arlington St

City

Greensboro

State

NC

Zip Code

27408

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Retiree

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY  
04 / 11 / 2016

Amount of Each Receipt this Period

250.00

Memo Item

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

1250.00

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

20160411 10:00 AM

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

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

LINE NUMBER (check only one)

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

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NAME OF COMMITTEE (In Full)  
**Committee To Elect Bob Issac For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Norris, Tim & Candace**

Mailing Address  
**506 Woodland Dr.  
Greensboro NC 27408**

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

Name of Employer  
**Journalist**

Occupation  
**Journalist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**05 / 07 / 2016**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Johnson, Jane**

Mailing Address  
**518 Woodlode Drive  
Greensboro NC 27408**

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

Name of Employer  
**Uniti**

Occupation  
**Administration**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**05 / 06 / 2016**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Johnson, Ronald**

Mailing Address  
**1259 Pebble Drive  
Greensboro NC 27410**

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

Name of Employer  
**Self Employed**

Occupation  
**Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**05 / 05 / 2016**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... **750.00**

**TOTAL** This Period (last page this line number only) ..... **750.00**

2016-05-06 11:00 AM

**SCHEDULE A (FEC Form 3)**

**ITEMIZED RECEIPTS**

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

LINE NUMBER (check only one)

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

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT Bob Isner for Governor

Full Name (Last, First, Middle Initial)

A. DIXON, Robert

Mailing Address

15 Starbridge Lane

City

Greensboro

State

NC

Zip Code

27408

Date of Receipt

05 / 11 / 2016

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

250.00

Name of Employer

Unknown

Occupation

Unknown

Memo Item

Receipt For:

Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Full Name (Last, First, Middle Initial)

B. ROSSABI, Ariel

Mailing Address

109 Kemp Road East

City

Greensboro

State

NC

Zip Code

27408

Date of Receipt

05 / 11 / 2016

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

500.00

Name of Employer

Self Employed

Occupation

Attorney

Memo Item

Receipt For:

Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. NELSON, Elizabeth & Michael

Mailing Address

3905 Henderson Rd

City

Greensboro

State

NC

Zip Code

27408

Date of Receipt

05 / 11 / 2016

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

1,000.00

Name of Employer

Telos

Occupation

Furniture Mfg

Memo Item

Receipt For:

Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼

1,000.00

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

1,250.00

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

20160301 10:00 AM

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

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

LINE NUMBER (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full) <b>Committee To Elect Bob Tru- For Congress</b>	
Full Name (Last, First, Middle Initial) <b>A. Cohen, Irving &amp; Irene</b>	
Mailing Address <b>1306 Friar Truck Rd</b>	Date of Receipt <b>05 00 2016</b>
City <b>Greensboro</b> State <b>NC</b> Zip Code <b>27408</b>	Amount of Each Receipt this Period <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>	Memo Item
Name of Employer <b>Retire</b> Occupation <b>Retired</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <b>250.00</b>
Full Name (Last, First, Middle Initial) <b>B. Wink, John D</b>	
Mailing Address <b>2009 St. Andrews Rd</b>	Date of Receipt <b>05 05 2016</b>
City <b>Greensboro</b> State <b>NC</b> Zip Code <b>27408</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>	Memo Item
Name of Employer <b>Trion Mgmt</b> Occupation <b>Insurance</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <b>500.00</b>
Full Name (Last, First, Middle Initial) <b>C. Steinhorn Ellen</b>	
Mailing Address <b>105 Bricehill Rd</b>	Date of Receipt <b>05 11 2016</b>
City <b>Greensboro</b> State <b>NC</b> Zip Code <b>27408</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>	Memo Item
Name of Employer <b>N/A</b> Occupation <b>N/A</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <b>500.00</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶ <b>1,250.00</b>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

20160511 10:00 AM

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

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

LINE NUMBER  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT BOB IVIE & COMPANY

Full Name (Last, First, Middle Initial)

A. Clemens, Matthew Bryan

Mailing Address

1807 Beachtree Rd

City

Greensboro NC

State

Zip Code

27405

FEC ID number of contributing federal political committee.

C

Name of Employer

TRISEC

Occupation

Contractor

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

05

11

2016

Amount of Each Receipt this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sheridan, Ellen M

Mailing Address

447 Arlington St

City

Greensboro

State

NC

Zip Code

27405

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employee

Occupation

Deccant

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

05

11

2016

Amount of Each Receipt this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dickerson, Gale

Mailing Address

444 E 88th Street 2014

City

New York

New York

State

Zip Code

10028

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

05

11

2016

Amount of Each Receipt this Period

500.00

Memo Item

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

1,250.00

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

2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024

**SCHEDULE A (FEC Form 3)**

**ITEMIZED RECEIPTS**

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

LINE NUMBER (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
*Committee to Elect Bob Franks Congress*

**A.** Full Name (Last, First, Middle Initial)  
*Whitfield, Jerry L*

Mailing Address  
*7 Hillings Ct*

City  
*Greensboro* State  
*NC* Zip Code  
*27408*

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

Name of Employer  
*Smith Moore* Occupation  
*Attorney*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date  
*250.00*

Date of Receipt  
*05 15 2016*

Amount of Each Receipt this Period  
*250.00*

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
*Williams, Nash*

Mailing Address  
*47 Sturbridge Lane*

City  
*Greensboro* State  
*NC* Zip Code  
*27408*

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

Name of Employer  
*Comhome* Occupation  
*Investment*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date  
*500.00*

Date of Receipt  
*05 19 2016*

Amount of Each Receipt this Period  
*500.00*

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
*Compton, Rebecca H*

Mailing Address  
*2315 Amberly Rd*

City  
*Greensboro* State  
*NC* Zip Code  
*27408*

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

Name of Employer  
*N/A* Occupation  
*N/A*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date  
*250.00*

Date of Receipt  
*05 18 2016*

Amount of Each Receipt this Period  
*250.00*

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ *1,000.00*

**TOTAL** This Period (last page this line number only) ..... ▶ *10,500.00*

20160519 10:00 AM

**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)

<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)

Committee To Elect Bob Isner For Congress

Full Name (Last, First, Middle Initial)

A. <u>Techtriscd</u>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2016
Mailing Address <u>3242 Waters Drive</u>		Amount of Each Disbursement this Period  895.00
City <u>Greensboro</u>	State <u>NC</u>	
Zip Code <u>27410</u>		Memo Item
Purpose of Disbursement <u>WEB SITE</u>		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

B. <u>Quod Librum</u>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address <u>1405 Garland Dr.</u>		Amount of Each Disbursement this Period  2,500.00
City <u>Greensboro</u>	State <u>NC</u>	
Zip Code <u>27408</u>		Memo Item
Purpose of Disbursement <u>Campaign Mgr</u>		
Candidate Name		Category/ Type
Office Sought: <input checked="" 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:	

C. <u>Arrowhead Graphics</u>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address <u>508 <del>Huffman</del> Houston St.</u>		Amount of Each Disbursement this Period  1,223.22
City <u>Greensboro</u>	State <u>NC</u>	
Zip Code <u>27401</u>		Memo Item
Purpose of Disbursement <u>Yard Sign</u>		
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

4,618.28

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

20160506 10:00 AM

**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)

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

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NAME OF COMMITTEE (In Full)  
**Committee To Elect Rob Iyer**

**A. PayPal**

Full Name (Last, First, Middle Initial)

Mailing Address **Credit Card Debit to Acct**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement **Pay Pal Set Up**

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **05 / 10 / 2016**

Amount of Each Disbursement this Period: **0.14**

Memo Item

**B. Debit Check**

Full Name (Last, First, Middle Initial)

Mailing Address **Debit to Acct**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement **Check**

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **05 / 10 / 2016**

Amount of Each Disbursement this Period: **120.19**

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: \_\_\_\_\_

Amount of Each Disbursement this Period: \_\_\_\_\_

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **120.33**

**TOTAL** This Period (last page this line number only) ..... ▶ **4787.50**

20160510 11:00 AM



**SCHEDULE C - PART 1**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary or  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)  <div style="text-align:center">N/A</div>	FEC IDENTIFICATION NUMBER  C
---	------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

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

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

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 \_\_\_\_\_

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

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
 \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).      Location of account:  
 Address:  
 Date account established: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
--	-------	------

2010-06-14 11:00 AM

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9 10

NAME OF COMMITTEE (In Full)

N/A

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

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

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

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

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

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

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

201001001000100010001000

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

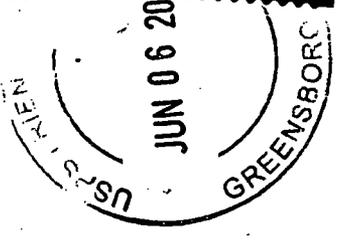
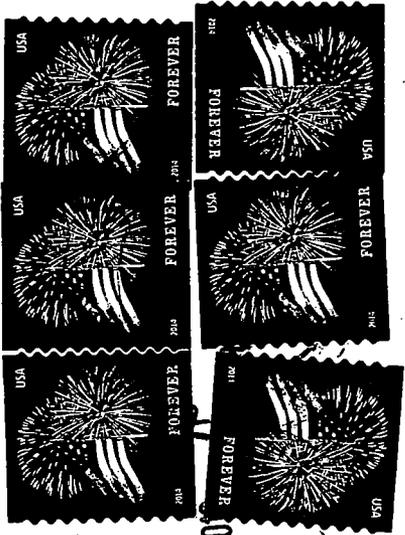
(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>Committee To Elect Bob Finner for Congress</i>		Report Covering Period: From: <i>04</i> / <i>01</i> / <i>2016</i> To: <i>05</i> / <i>31</i> / <i>2016</i>				
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A				<del>12150</del>	0	
B	Column Total Last Page Only.....			12150		
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	0	12150 <sup>oc</sup>	0	0	0
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0	0	0	12150 <sup>oc</sup>	4736.56	0
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	0	0	0	0
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0	0	4736.56	1500 <sup>oc</sup>	8513 <sup>44</sup>	<del>0</del>
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	1500 <sup>oc</sup>	12150 <sup>oc</sup>	4737 <sup>56</sup>			
B						

2010-00-1M-01-000017

27408  
# 9623  
80412

001110001 W01 W1 001 010N



U.S. POSTAGE  
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27408  
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**\$0.00**  
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20463



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FEDERAL ELECTIONS COMMISSION  
999 E Street NW  
Washington DC 20463

