

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 GREENSBORO NC 27429

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00555045 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 ... in the State of ... (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on ... in the State of ...

5. Covering Period 04 / 17 / 2014 through 06 / 30 / 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 07 / 15 / 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))....	33301.00	268387.98
(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)).....	33301.00	268387.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	70995.31	264183.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	32.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	70995.31	264151.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4236.94	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	22528.46	

**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:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26150.00	226820.72
(ii) Unitemized.....	3751.00	26251.06
(iii) TOTAL of contributions from individuals ▶	29901.00	253071.78
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3400.00	14650.00
(d) The Candidate.....	0.00	666.20
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	33301.00	268387.98
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	32.20
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	33301.00	268420.18

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70995.31	264183.24
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	70995.31	264183.24

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	41931.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	33301.00
25. SUBTOTAL (add Line 23 and Line 24).....	75232.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70995.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4236.94

**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 41
	<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)  
**W. PRENTISS BAKER III**

Mailing Address 1615 OBERLIN RD

City State Zip Code  
RALEIGH NC 27608

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

Name of Employer Occupation  
BAKER ROOFING CHAIRMAN

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 / 23 / 2014

**Transaction ID : SA11AI.5645**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES R BULLOCK JR**

Mailing Address 521 BANNER AVE

City State Zip Code  
GREENSBORO NC 27401

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

Name of Employer Occupation  
ENVIRONMENTAL AIR SYSTEMS PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2014

**Transaction ID : SA11AI.5555**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JIMMY CLARK**

Mailing Address 1 ELM RIDGE LN

City State Zip Code  
GREENSBORO NC 27408

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

Name of Employer Occupation  
GUY M TURNER INC PRESIDENT

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 / 28 / 2014

**Transaction ID : SA11AI.5560**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3850.00

**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 41
	<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)  
**R. RANDEL COBB**

Mailing Address 5600 FOREST MANOR DR

City Greensboro State NC Zip Code 27410

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

Name of Employer ABACROMBIE OIL Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11AI.5598**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SETH COKER**

Mailing Address 305 BLANDWOOD AVE

City Greensboro State NC Zip Code 27401

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

Name of Employer SIGNATURE PROPERTY GROUP Occupation PRESIDENT

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 / 25 / 2014**

**Transaction ID : SA11AI.5647**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RANDY COX**

Mailing Address 420 FIELDSTONE DR

City Burlington State NC Zip Code 27215

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

Name of Employer BEST FOOD IN TOWN Occupation RESTAURANT

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 / 29 / 2014**

**Transaction ID : SA11AI.5649**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**600.00**

**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 41
	<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)  
**DWIGHT DAVIDSON**

Mailing Address **PO BOX 227**

City **GIBSONVILLE** State **NC** Zip Code **27249**

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

Name of Employer **ENGINEERED PLASTICS, INC.** Occupation **BUSINESS MANAGEMENT**

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 / 22 / 2014**

**Transaction ID : SA11AI.5683**

Amount of Each Receipt this Period  
**400.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KEARNS DAVIS**

Mailing Address **1852 BANKING STREET #9751**

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

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

Name of Employer **BROOKS PIERCE LAW** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 24 / 2014**

**Transaction ID : SA11AI.5599**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM DAVIS**

Mailing Address **505 W CORNWALLIS DR**

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

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

Name of Employer **G FORCE MARKETING** Occupation **DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1050.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : SA11AI.5650**

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 8 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATHENY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM F. DAVIS**

Mailing Address 706 WILLIAMSBURG DR

City State Zip Code  
TARBORO NC 27886

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

Name of Employer Occupation  
BARNHILL CONTRACTING VP/TREASURER

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 / 25 / 2014

**Transaction ID : SA11AI.5681**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM DAVIS**

Mailing Address 505 W CORNWALLIS DR

City State Zip Code  
GREENSBORO NC 27408

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

Name of Employer Occupation  
G FORCE MARKETING DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 03 / 2014

**Transaction ID : SA11AI.5651**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LOWELL EASTER**

Mailing Address 1 LOCH RIDGE DR

City State Zip Code  
GREENSBORO NC 27408

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

Name of Employer Occupation  
TRIAD COMMERCIAL PARTNERS PARTNER

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 / 24 / 2014

**Transaction ID : SA11AI.5551**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

1550.00



**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 41
	<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 T. EDWARDS**

Mailing Address 7051 BLUE WATER DR

City State Zip Code  
BELEWS CREEK NC 27009

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

Name of Employer Occupation  
A CLEANER WORLD OWNER

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 / 25 / 2014

**Transaction ID : SA11AI.5653**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RAY E. EDWARDS**

Mailing Address 4137 COACHMAN'S COURT

City State Zip Code  
HIGH POINT NC 27262

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

Name of Employer Occupation  
N/A 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 / 29 / 2014

**Transaction ID : SA11AI.5652**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROGER FRANCE**

Mailing Address 2400 NE 5TH AVENUE

City State Zip Code  
WILTON MANORS FL 33305

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

Name of Employer Occupation  
N/A 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  
05 / 08 / 2014

**Transaction ID : SA11AI.5685**

Amount of Each Receipt this Period  
500.00  
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 10 OF 41
	<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)  
**S. DAVID GRAY**

Mailing Address 1205 LAKEWOOD DR

City Greensboro State NC Zip Code 27410

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

Name of Employer GRAY, S DAVID FURNITURE CO INC 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 / 23 / 2014

**Transaction ID : SA11AI.5687**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**F. D. HORNADAY III**

Mailing Address PO BOX 790

City Burlington State NC Zip Code 27216

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

Name of Employer KNIT WEAR FABRICS Occupation PRESIDENT AND CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11AI.5689**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID HOWARD**

Mailing Address 1303 BRIARCLIFF

City Greensboro State NC Zip Code 27408

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

Name of Employer WINDSOR INVESTMENTS 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 / 23 / 2014

**Transaction ID : SA11AI.5690**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1500.00

**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 41  
(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)  
**TOM C. JAMES**

Mailing Address **8 BRIGHTON PL**

City **GREENSBORO** State **NC** Zip Code **27410**

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

Name of Employer **TCJ ASSOCIATES** Occupation **REAL ESTATE DEVELOPMENT**

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 / 25 / 2014**

**Transaction ID : SA11AI.5692**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GREGORY A. JOHNS**

Mailing Address **7450 STRADER RD**

City **SUMMERFIELD** State **NC** Zip Code **27358**

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

Name of Employer **JOHNS PLUMBING AND HEATING** Occupation **OWNER**

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 / 21 / 2014**

**Transaction ID : SA11AI.5694**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD JONES**

Mailing Address **516 WOODLAND DR**

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

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

Name of Employer **TRION** Occupation **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 Y Y  
**04 / 21 / 2014**

**Transaction ID : SA11AI.5580**

Amount of Each Receipt this Period  
**50.00**  
 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 12 OF 41
	<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)  
**CHARISSE KLEINMAN**

Mailing Address 205 MANCHESTER PL

City Greensboro State NC Zip Code 27410

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

Name of Employer DALY SEVEN Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : SA11AI.5712**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

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

Mailing Address 704 CHESTNUT HILL CT

City Greensboro State NC Zip Code 27455

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

Name of Employer PACE OF THE TRIAD Occupation PHYSICIAN

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 / 24 / 2014

**Transaction ID : SA11AI.5581**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NEIL W. KOONCE**

Mailing Address 200 IRVING PLACE

City Greensboro State NC Zip Code 27408

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

Name of Employer INTERNATIONAL TEXTILE GROUP Occupation VP/GENERAL COUNSEL

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 / 30 / 2014

**Transaction ID : SA11AI.5655**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

2900.00

**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 41
	<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)  
**KURT KRONENFELD**

Mailing Address 3909 HAZEL LANE

City Greensboro State NC Zip Code 27408

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

Name of Employer SENN DUNN Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.5615**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANDY LEE**

Mailing Address 26 ELM RIDGE LN

City Greensboro State NC Zip Code 27408

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

Name of Employer ASTRID LLC 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 / 22 / 2014

**Transaction ID : SA11AI.5657**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN G LONG**

Mailing Address 5801 SNOW HILL DR

City Summerfield State NC Zip Code 27358

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

Name of Employer HILCO TRANSPORT INC Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11AI.5564**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

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

**2350.00**

**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 41
	<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)  
**BRAD MCCORMICK**

Mailing Address 1207 COUNTRY CLUB DR

City Greensboro State NC Zip Code 27408

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

Name of Employer: ELECTRIC SUPPLY AND EQUIPMENT  
Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **04 / 28 / 2014**

**Transaction ID : SA11AI.5658**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES MCQUEARY**

Mailing Address 10 CRESWELL CT

City Greensboro State NC Zip Code 27407

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: **2500.00**

Date of Receipt: **04 / 28 / 2014**

**Transaction ID : SA11AI.5695**

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHERYL MCQUEARY**

Mailing Address 10 CRESWELL CT

City Greensboro State NC Zip Code 27407

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: **2500.00**

Date of Receipt: **04 / 28 / 2014**

**Transaction ID : SA11AI.5558**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

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

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

**1750.00**

**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 41
	<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)  
**MICHAEL MORROW**

Mailing Address 1202 COLONIAL AVE

City Greensboro State NC Zip Code 27408

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

Name of Employer LORILLARD Occupation DIRECTOR, GOVERNMENT AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : SA11AI.5697**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL R. NEAL**

Mailing Address 3310 COVENTRY PLACE

City Greensboro State NC Zip Code 27405

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

Name of Employer SELF EMPLOYED Occupation DOCTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11AI.5698**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES MITCHELL OAKLEY JR**

Mailing Address 300 N GREENE ST, STE 1800

City Greensboro State NC Zip Code 27401

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

Name of Employer CHARLES ARIS 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 / 25 / 2014

**Transaction ID : SA11AI.5660**

Amount of Each Receipt this Period  
 250.00  
 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 16 OF 41
	<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)  
**CHARLES MITCHELL OAKLEY JR**

Mailing Address 300 N GREENE ST, STE 1800

City GREENSBORO	State NC	Zip Code 27401
--------------------	-------------	-------------------

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

Name of Employer CHARLES ARIS	Occupation CHAIRMAN
----------------------------------	------------------------

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 / 30 / 2014

**Transaction ID : SA11AI.5699**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**R. (CHIP) H. PERMAR III**

Mailing Address 201 SUNSET DR

City GREENSBORO	State NC	Zip Code 27408
--------------------	-------------	-------------------

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

Name of Employer OXNER + PERMAR, PLLC	Occupation ATTORNEY
--	------------------------

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 / 24 / 2014

**Transaction ID : SA11AI.5662**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS M. PHILLIPS**

Mailing Address 3008 GREENBROOK DRIVE

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11AI.5700**

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 17 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATHENY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES POWELL**

Mailing Address 601 BLANTON PL

City Greensboro State NC Zip Code 27408

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

Name of Employer WOMBLE CARLYLE Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : SA11AI.5664**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DONALD R. PULITZER**

Mailing Address 9 TALLWOOD CT

City Greensboro State NC Zip Code 27455

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

Name of Employer GREENSBORO PATHOLOGY ASSOCIATES Occupation DOCTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11AI.5666**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CAROLYN RICE**

Mailing Address 4600 JEFFERSON WOOD CT

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 / 28 / 2014

**Transaction ID : SA11AI.5668**

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 18 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MATHENY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TODD ROBINSON**

Mailing Address 2307 PRINCESS ANN ST

City Greensboro State NC Zip Code 27408

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

Name of Employer SELF-EMPLOYED Occupation VARIOUS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.5714**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ARTHUR SAMET**

Mailing Address 623 WOODLAND DR

City Greensboro State NC Zip Code 27408

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

Name of Employer SAMET CORPORATION Occupation PRESIDENT AND CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.5702**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KATHRYN SEALE SCHMIDT**

Mailing Address 613 W BRADDOCK RD

City Alexandria State VA Zip Code 22302

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

Name of Employer SELF EMPLOYED Occupation WRITER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 27 / 2014

**Transaction ID : SA11AI.5704**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

3600.00

**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 19 OF 41
	<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 STESLOW**

Mailing Address 3922 HAZEL LN

City Greensboro State NC Zip Code 27408

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

Name of Employer Occupation  
GUILFORD COUNTRY SCHOOLS TEACHER

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 / 27 / 2014

**Transaction ID : SA11AI.5670**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANN WARRICK**

Mailing Address 205 MARY WIL CT

City Greensboro State NC Zip Code 27455

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

Name of Employer Occupation  
A. WARRICK DESIGN 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 / 23 / 2014

**Transaction ID : SA11AI.5672**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS C. WATKINS**

Mailing Address 105 WENTWORTH DR

City Greensboro State NC Zip Code 27408

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

Name of Employer Occupation  
SCHELL BRAY PLLC ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.5673**

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 20 OF 41
	<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. PATRICK WILSON**

Mailing Address 1701 16TH STREET NW, #125

City State Zip Code  
WASHINGTON DC 20009

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

Name of Employer Occupation  
THE BABCOCK & WILCOX COMPANY GOVERNMENT AFFAIRS

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 / 29 / 2014

**Transaction ID : SA11AI.5675**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT WYATT**

Mailing Address 1721 MADISON AVE

City State Zip Code  
GREENSBORO NC 27409

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

Name of Employer Occupation  
WYATT EARLY HARRIS WHEELER LAW FIRM LAWYER

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 / 25 / 2014

**Transaction ID : SA11AI.5677**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BILL YEARNIS**

Mailing Address 17 GRANVILLE OAKS CT

City State Zip Code  
GREENSBORO NC 27408

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

Name of Employer Occupation  
YEARNIS PROPERTIES INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.5706**

Amount of Each Receipt this Period  
 500.00  
 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 21 OF 41
	<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)  
**BENJAMIN ZURAW**

Mailing Address 313 SUNSET 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 Y Y  
 04 / 21 / 2014

**Transaction ID : SA11Al.5679**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

250.00

26150.00

**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 22 OF 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)  
**NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC**

Mailing Address 100 DAINGERFIELD ROAD

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11C.5710**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TRIAD GOOD GOVERNMENT PAC**

Mailing Address PO BOX 2888

City GREENSBORO State NC Zip Code 27402

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : SA11C.5708**

Amount of Each Receipt this Period  
 900.00  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3400.00

3400.00

**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 23 OF 41			
	<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) <b>A. AUTHNET GATEWAY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 69.70
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.5734
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>B. AUTHNET GATEWAY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 53.05
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement CREDIT CARD MERCHANT FEES	Transaction ID : SB17.5743
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>C. BOULTON CREATIVE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 601 W SMITH ST.		Amount of Each Disbursement this Period 1620.00
City GREENSBORO	State NC	
Zip Code 27401	Purpose of Disbursement PRINTING	Transaction ID : SB17.5774
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1742.75
<b>TOTAL</b> 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 41	
	<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) <b>A. BOULTON CREATIVE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 601 W SMITH ST.		Amount of Each Disbursement this Period 465.00 <b>Transaction ID : SB17.5777</b>
City GREENSBORO State NC Zip Code 27401	Purpose of Disbursement PRINTING	
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>B. COSTCO</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO BOX 34331		Amount of Each Disbursement this Period 277.01 <b>Transaction ID : SB17.5754</b>
City SEATTLE State WA Zip Code 98124	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>C. FOLEY &amp; LARDNER, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 3000 K STREET NW		Amount of Each Disbursement this Period 5027.44 <b>Transaction ID : SB17.5762</b>
City WASHINGTON State DC Zip Code 20007	Purpose of Disbursement LEGAL CONSULTING	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5769.44
<b>TOTAL</b> 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 41	
	<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) <b>A. G FORCE MARKETING</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 3300 BATTLEGROUND AVE STE 101		Amount of Each Disbursement this Period 8042.00
City GREENSBORO State NC Zip Code 27410	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	Transaction ID : SB17.5763
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>B. G FORCE MARKETING</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 3300 BATTLEGROUND AVE STE 101		Amount of Each Disbursement this Period 8056.17
City GREENSBORO State NC Zip Code 27410	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	Transaction ID : SB17.5764
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>C. G FORCE MARKETING</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 3300 BATTLEGROUND AVE STE 101		Amount of Each Disbursement this Period 10000.00
City GREENSBORO State NC Zip Code 27410	Purpose of Disbursement MEDIA	
Candidate Name	Category/Type	Transaction ID : SB17.5766
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26098.17
<b>TOTAL</b> 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 41		
	<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) <b>A. GRAPHIC CONNECTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 116 LANDMARK DR.		Amount of Each Disbursement this Period 3189.69 <b>Transaction ID : SB17.5772</b>
City GREENSBORO State NC Zip Code 27409	Purpose of Disbursement PRINTING	
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>B. GRAPHIC CONNECTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 116 LANDMARK DR.		Amount of Each Disbursement this Period 5448.66 <b>Transaction ID : SB17.5773</b>
City GREENSBORO State NC Zip Code 27409	Purpose of Disbursement PRINTING	
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>C. GRAPHIC CONNECTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 116 LANDMARK DR.		Amount of Each Disbursement this Period 9845.48 <b>Transaction ID : SB17.5775</b>
City GREENSBORO State NC Zip Code 27409	Purpose of Disbursement PRINTING	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18483.83
<b>TOTAL</b> 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 41			
	<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. GRAPHIC CONNECTIONS**

Mailing Address 116 LANDMARK DR.

City GREENSBORO State NC Zip Code 27409

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 30 / 2014

Amount of Each Disbursement this Period: 5713.96

Transaction ID : SB17.5776

Full Name (Last, First, Middle Initial)  
**B. GRAPHIC CONNECTIONS**

Mailing Address 116 LANDMARK DR.

City GREENSBORO State NC Zip Code 27409

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 19 / 2014

Amount of Each Disbursement this Period: 2856.48

Transaction ID : SB17.5778

Full Name (Last, First, Middle Initial)  
**C. GREENSBORO COUNTRY CLUB**

Mailing Address 410 SUNSET DR

City GREENSBORO State NC Zip Code 27408

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 16 / 2014

Amount of Each Disbursement this Period: 1392.92

Transaction ID : SB17.5760

**SUBTOTAL** of Disbursements This Page (optional) ..... 9963.36

**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 41	
	<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) <b>A. HARRIS TEETER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address PO BOX 10100		Amount of Each Disbursement this Period 291.47 <b>Transaction ID : SB17.5751</b>
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>B. HARRIS TEETER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address PO BOX 10100		Amount of Each Disbursement this Period 72.82 <b>Transaction ID : SB17.5752</b>
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>C. HARRIS TEETER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO BOX 10100		Amount of Each Disbursement this Period 29.06 <b>Transaction ID : SB17.5753</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	393.35
<b>TOTAL</b> 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 41	
	<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) <b>A. LOX STOCK &amp; BAGEL DELI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 2439 BATTLEGROUND AVE.		Amount of Each Disbursement this Period 16.81 <b>Transaction ID : SB17.5745</b>
City GREENSBORO State NC Zip Code 27408	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>B. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 26.93 <b>Transaction ID : SB17.5724</b>
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
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>C. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 16.08 <b>Transaction ID : SB17.5725</b>
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.82
<b>TOTAL</b> 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 41		
	<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) <b>A. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 25.61 <b>Transaction ID : SB17.5726</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

Full Name (Last, First, Middle Initial) <b>B. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 34.15 <b>Transaction ID : SB17.5727</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

Full Name (Last, First, Middle Initial) <b>C. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 52.98 <b>Transaction ID : SB17.5728</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	112.74
<b>TOTAL</b> 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 41			
	<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) <b>A. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 9.42 <b>Transaction ID : SB17.5729</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

Full Name (Last, First, Middle Initial) <b>B. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 19.92 <b>Transaction ID : SB17.5730</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

Full Name (Last, First, Middle Initial) <b>C. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 66.43 <b>Transaction ID : SB17.5731</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	95.77
<b>TOTAL</b> 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 41		
	<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) <b>A. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 26.18 <b>Transaction ID : SB17.5732</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

Full Name (Last, First, Middle Initial) <b>B. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 14.24 <b>Transaction ID : SB17.5733</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

Full Name (Last, First, Middle Initial) <b>C. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 101.71 <b>Transaction ID : SB17.5735</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	142.13
<b>TOTAL</b> 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 41			
	<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) <b>A. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 5.69 <b>Transaction ID : SB17.5736</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

Full Name (Last, First, Middle Initial) <b>B. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 6.03 <b>Transaction ID : SB17.5737</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

Full Name (Last, First, Middle Initial) <b>C. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 5.48 <b>Transaction ID : SB17.5738</b>
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17.20
<b>TOTAL</b> 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 41			
	<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) <b>A. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 67.89
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.5739
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>B. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 3.50
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.5740
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>C. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 17.50
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.5741
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	88.89
<b>TOTAL</b> 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 41		
	<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) <b>A. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 448 S HILL ST STE 200		Amount of Each Disbursement this Period 29.90 <b>Transaction ID : SB17.5742</b>
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
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>B. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2620 WANDERSON LN.		Amount of Each Disbursement this Period 40.55 <b>Transaction ID : SB17.5768</b>
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>C. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 2620 WANDERSON LN.		Amount of Each Disbursement this Period 93.81 <b>Transaction ID : SB17.5769</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	164.26
<b>TOTAL</b> 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 36 OF 41	
	<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) <b>A. SHEETZ</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2628 ALAMANCE RD		Amount of Each Disbursement this Period 42.31 <b>Transaction ID : SB17.5786</b>
City BURLINGTON	State NC	
Zip Code 27215	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) <b>B. SHEETZ</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2628 ALAMANCE RD		Amount of Each Disbursement this Period 35.49 <b>Transaction ID : SB17.5787</b>
City BURLINGTON	State NC	
Zip Code 27215	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) <b>C. SHEETZ</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 2628 ALAMANCE RD		Amount of Each Disbursement this Period 75.00 <b>Transaction ID : SB17.5788</b>
City BURLINGTON	State NC	
Zip Code 27215	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	152.80
<b>TOTAL</b> 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 37 OF 41	
	<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) <b>A. SHEETZ</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 2628 ALAMANCE RD		Amount of Each Disbursement this Period 74.83
City BURLINGTON	State NC	
Zip Code 27215	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB17.5790</b>
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>B. SHEETZ</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 2628 ALAMANCE RD		Amount of Each Disbursement this Period 59.27
City BURLINGTON	State NC	
Zip Code 27215	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB17.5793</b>
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>C. SHELL OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address PO BOX 2463		Amount of Each Disbursement this Period 30.23
City HOUSTON	State TX	
Zip Code 77252	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB17.5785</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	164.33
<b>TOTAL</b> 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 38 OF 41		
	<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) <b>A. SHELL OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address PO BOX 2463		Amount of Each Disbursement this Period 45.01
City HOUSTON State TX Zip Code 77252	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB17.5789
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>B. SNAP PUBLICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 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	Category/Type	Transaction ID : SB17.5765
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>C. SNAP PUBLICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 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	Category/Type	Transaction ID : SB17.5767
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	885.01
<b>TOTAL</b> 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 39 OF 41		
	<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) <b>A. THE TARRANCE GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 201 N UNION ST, STE 410		Amount of Each Disbursement this Period 1006.10 <b>Transaction ID : SB17.5782</b>
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>B. TIME WARNER CABLE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address PO BOX 60074		Amount of Each Disbursement this Period 305.62 <b>Transaction ID : SB17.5795</b>
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) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1601 C WESTOVER TERRACE		Amount of Each Disbursement this Period 120.01 <b>Transaction ID : SB17.5783</b>
City GREENSBORO State NC Zip Code 27408	Purpose of Disbursement TELEPHONE SERVICE	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1431.73
<b>TOTAL</b> 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 40 OF 41			
	<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) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1601 C WESTOVER TERRACE		Amount of Each Disbursement this Period 117.80
City GREENSBORO State NC Zip Code 27408	Purpose of Disbursement TELEPHONE SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.5784
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>B. WINFREY &amp; COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 228 S. WASHINGTON ST, SUITE 300		Amount of Each Disbursement this Period 2636.32
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING/CATERING	
Candidate Name	Category/Type	Transaction ID : SB17.5719
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>C. WINFREY &amp; COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 228 S. WASHINGTON ST, SUITE 300		Amount of Each Disbursement this Period 1684.04
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTING/CATERING	
Candidate Name	Category/Type	Transaction ID : SB17.5720
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4438.16
<b>TOTAL</b> This Period (last page this line number only).....	70203.75



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 41
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**MATHENY FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>G FORCE MARKETING</b>	Nature of Debt (Purpose): MEDIA
Mailing Address 3300 BATTLEGROUND AVE STE 101	
City State Zip Code GREENSBORO NC 27410	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5796</b>	
Amount Incurred This Period 5938.10	Payment This Period 0.00	Outstanding Balance at Close of This Period 5938.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>G FORCE MARKETING</b>	Nature of Debt (Purpose): MEDIA
Mailing Address 3300 BATTLEGROUND AVE STE 101	
City State Zip Code GREENSBORO NC 27410	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5797</b>	
Amount Incurred This Period 3990.36	Payment This Period 0.00	Outstanding Balance at Close of This Period 3990.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>GREENSBORO BASEBALL LLC</b>	Nature of Debt (Purpose): MEDIA
Mailing Address 408 BELLEMEADE ST	
City State Zip Code GREENSBORO NC 27401	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.5798</b>	
Amount Incurred This Period 12600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12600.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	22528.46
2) <b>TOTALS</b> This Period (last page this line number only) .....	22528.46
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	22528.46