

# 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

KEADLE FOR CONGRESS 2012

ADDRESS (number and street)

113 SEA HIDE COURT

Check if different than previously reported. (ACC)

MOORESVILLE

NC

28117

2. FEC IDENTIFICATION NUMBER ▼

C C00499954

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

05

08

2012

in the State of

NC

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

05

08

2012

in the State of

NC

5. Covering Period

04

01

2012

through

04

18

2012

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 Kevin Todd Lakey

Signature of Treasurer Kevin Todd Lakey

[Electronically Filed]

Date

04

26

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**KEADLE FOR CONGRESS 2012**

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))....	25815.00	212563.02
(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)).....	25815.00	212563.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	197019.76	308453.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	197019.76	308453.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	153864.64	
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).....	250000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**KEADLE FOR CONGRESS 2012**

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).....	19050.00	176140.99
(ii) Unitemized .....	4265.00	26422.03
(iii) TOTAL of contributions from individuals .....	23315.00	202563.02
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	10000.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	25815.00	212563.02
<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	250000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	250000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<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>	25815.00	462563.02

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	197019.76	308453.38
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 .....	100.00	245.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	197119.76	308698.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	325169.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25815.00
25. SUBTOTAL (add Line 23 and Line 24).....	350984.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	197119.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	153864.64

**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 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Eva Ackley**

Mailing Address 5012 Westshore Dr

City Spring Hill State FL Zip Code 34606

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

Name of Employer Ackley Dental Group Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2012

**Transaction ID : SA11AI.5277**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Renton K Brodie III**

Mailing Address 2130 N Lincoln Park W Apt 13N

City Chicago State IL Zip Code 60614

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : SA11AI.5396**

Amount of Each Receipt this Period  
 600.00

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

Mailing Address 1870 NC Hwy 495

City Asheboro State NC Zip Code 27205

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

Name of Employer self Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2012

**Transaction ID : SA11AI.5331**

Amount of Each Receipt this Period  
 250.00

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

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

1350.00

**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 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Bruce Camp**

Mailing Address Box 100

City Villa Rica State GA Zip Code 30180

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

Name of Employer self Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2012

**Transaction ID : SA11AI.5275**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 14724 173rd Ave NE

City Woodville State WA Zip Code 98072

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

Name of Employer Seed I.D. Occupation Patent Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012

**Transaction ID : SA11AI.5359**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2500 Barton Creek Blvd, Apt 2205

City Austin State TX Zip Code 78735

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

Name of Employer self Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2012

**Transaction ID : SA11AI.5348**

Amount of Each Receipt this Period  
 250.00

**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 7 OF 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. David Eagle**

Mailing Address 19017 Peninsula Point Dr

City State Zip Code  
Cornelius NC 28031

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

Name of Employer Occupation  
Lake Norman Oncology Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2012

**Transaction ID : SA11AI.5333**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 139 Juniper Rd

City State Zip Code  
Belmont MA 02478

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

Name of Employer Occupation  
NA (BE requested) Financier

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 18 / 2012

**Transaction ID : SA11AI.5405**

Amount of Each Receipt this Period  
900.00

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

Mailing Address 3029 Carmel Rd

City State Zip Code  
Charlotte NC 28226

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

Name of Employer Occupation  
Oncology Spec. of Charlotte Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 09 / 2012

**Transaction ID : SA11AI.5293**

Amount of Each Receipt this Period  
250.00

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

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

1650.00

**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 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Jane Grover**

Mailing Address 1717 Maybrook

City Jackson State MS Zip Code 49201

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

Name of Employer Center for Family Health Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012

**Transaction ID : SA11AI.5362**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3600 Julington Creek Rd

City Jacksonville State FL Zip Code 32223

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

Name of Employer Hiday & Ricke, PA Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : SA11AI.5411**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 421 Patterson Ave

City San Antonio State TX Zip Code 78209

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : SA11AI.5454**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00



**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 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Mark Huberty**

Mailing Address 325 River Oaks Dr

City Sheboygan Falls State WI Zip Code 53085

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

Name of Employer Self Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2012

**Transaction ID : SA11AI.5269**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 6037 Sharon Rd

City Charlotte State NC Zip Code 28210

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

Name of Employer none (BE requested) Occupation none (BE requested)

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.5309**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Tillman J Keller III**

Mailing Address 830 Bluff Drive

City Knoxville State TN Zip Code 37919

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

Name of Employer Keller Group Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.5289**

Amount of Each Receipt this Period  
 500.00

**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: (check only one)	PAGE 10 OF 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Dean M Kennedy III**

Mailing Address 1004 South Sierra Vista Ave

City Alhambra State CA Zip Code 91801

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

Name of Employer self Occupation consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 18 / 2012**

**Transaction ID : SA11A1.5415**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 2350 Dorina Drive

City Northfield State IL Zip Code 60093

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

Name of Employer self Occupation Real Estate Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 18 / 2012**

**Transaction ID : SA11A1.5376**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address 2350 Dorina Drive

City Northfield State IL Zip Code 60093

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

Name of Employer self Occupation Real Estate Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 18 / 2012**

**Transaction ID : SA11A1.5378**

Amount of Each Receipt this Period  
**2500.00**

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

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

**5100.00**

**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 11 OF 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Ed D Ligon**

Mailing Address 12115 Hinson Rd Suite 201

City Little Rock State AR Zip Code 72212

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : SA11AI.5462**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3611 Broadway

City Ft Wayne State IN Zip Code 46807

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2012

**Transaction ID : SA11AI.5336**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 630 Beach Blvd

City Biloxi State MS Zip Code 39530

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.5303**

Amount of Each Receipt this Period  
 350.00

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

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

950.00

**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 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Evan Miller**

Mailing Address 929 Magnolia Ave

City State Zip Code  
Charlotte NC 28203

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

Name of Employer self Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2012

**Transaction ID : SA11AI.5317**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 115 Catawba Cove Lane

City State Zip Code  
Belmont NC 28012

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

Name of Employer Spagnoli, Crowley, Misiek, et al Occupation Oral and Maxillofacial Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.5295**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2146 Sharon Lane

City State Zip Code  
Charlotte NC 28211

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.5297**

Amount of Each Receipt this Period  
250.00

**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: (check only one)	PAGE 13 OF 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**William Perkins**

Mailing Address 2036 Valley Lo Lane

City State Zip Code  
Glenview IL 60025

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

Name of Employer Occupation  
NA (BE requested) Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 18 / 2012

**Transaction ID : SA11AI.5409**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Morris L Robbins**

Mailing Address 585 South Greer Street, Unit 303

City State Zip Code  
Memphis TN 38111

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

Name of Employer Occupation  
University of Tennessee Professor Emeritus Spec Asst to Dean

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 09 / 2012

**Transaction ID : SA11AI.5283**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 87 Ashley Woods Dr

City State Zip Code  
Arden NC 28704

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

Name of Employer Occupation  
self Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2012

**Transaction ID : SA11AI.5315**

Amount of Each Receipt this Period  
250.00

**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 14 OF 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey Schwarz**

Mailing Address Box 1104

City: Asheville State: NC Zip Code: 27204

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

Name of Employer: J & S Enterprises Occupation: owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 18 / 2012

**Transaction ID : SA11AI.5374**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 1383 North Criss St

City: Chandler State: AZ Zip Code: 85226

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1250.00

Date of Receipt: 04 / 18 / 2012

**Transaction ID : SA11AI.5387**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 8246 Bar Harbor Lane

City: Charlotte State: NC Zip Code: 28210

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

Name of Employer: self Occupation: Endodontist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 09 / 2012

**Transaction ID : SA11AI.5291**

Amount of Each Receipt this Period: 500.00

**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: (check only one)	PAGE 15 OF 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Harold Twisdale**

Mailing Address 2221 Streatley Lane

City State Zip Code  
Matthews NC 28105

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

Name of Employer Occupation  
Self-employed Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2012

**Transaction ID : SA11AI.5493**

Amount of Each Receipt this Period  
750.00

In-kind - Campaign Event sponsorship

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

Mailing Address 4800 Oakwealth Dr

City State Zip Code  
Fuquay Varina NC 27526

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

Name of Employer Occupation  
self Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2012

**Transaction ID : SA11AI.5279**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 700 Via. Lombardi

City State Zip Code  
Winterpark FL 32789

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : SA11AI.5390**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

19050.00

**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 23
	<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)  
**KEADLE FOR CONGRESS 2012**

**A.** Full Name (Last, First, Middle Initial)  
**MADISON PROJECT INC.**

Mailing Address PO BOX 66128

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C** C00298000

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012

**Transaction ID : SA11C.5423**

Amount of Each Receipt this Period  
 2500.00

**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).....

2500.00

2500.00



**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 17 OF 23		
	<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)  
**KEADLE FOR CONGRESS 2012**

Full Name (Last, First, Middle Initial) <b>A. David Carter</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 601 Smithville Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.5319</b>
City Mountville	State SC	
Zip Code 29370	Purpose of Disbursement Consulting, management, and expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. David Carter</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 601 Smithville Rd		Amount of Each Disbursement this Period 117.32 <b>Transaction ID : SB17.5320</b>
City Mountville	State SC	
Zip Code 29370	Purpose of Disbursement Consulting, mangagement, and expenses	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. David Carter</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012
Mailing Address 601 Smithville Rd		Amount of Each Disbursement this Period 2519.23 <b>Transaction ID : SB17.5322</b>
City Mountville	State SC	
Zip Code 29370	Purpose of Disbursement Consulting, management, and expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3136.53
<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 18 OF 23		
	<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)  
**KEADLE FOR CONGRESS 2012**

Full Name (Last, First, Middle Initial) <b>A. Election Impact Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address P.O. Box 2078		Amount of Each Disbursement this Period 2358.88 <b>Transaction ID : SB17.5434</b>
City Oxford	State MS	
Zip Code 38655	Purpose of Disbursement Consulting Expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Innovative Campaign Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address PO Box 264		Amount of Each Disbursement this Period 3200.00 <b>Transaction ID : SB17.5432</b>
City Columbia	State SC	
Zip Code 29202	Purpose of Disbursement Phone system	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Spencer Nichols</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012
Mailing Address 109 Downing Ct		Amount of Each Disbursement this Period 1751.70 <b>Transaction ID : SB17.5425</b>
City Bossier City	State LA	
Zip Code 71111	Purpose of Disbursement Consulting, management, and expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7310.58
<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 19 OF 23		
	<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)  
**KEADLE FOR CONGRESS 2012**

Full Name (Last, First, Middle Initial) <b>A. Spencer Nichols</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2012
Mailing Address 109 Downing Ct		Amount of Each Disbursement this Period 884.75 <b>Transaction ID : SB17.5427</b>
City Bossier City	State LA	
Zip Code 71111	Purpose of Disbursement Consulting, management, and expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc</b>		Date of Disbursement MM / DD / YYYY 04 / 18 / 2012
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 427.79 <b>Transaction ID : SB17.5444</b>
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Online Contribution Charges 4/1-4/18	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Lauren Slepian</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2012
Mailing Address 8204 Hurrigan Lane		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.5321</b>
City Fayetteville	State NC	
Zip Code 28314	Purpose of Disbursement Consulting, management, and expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4812.54
<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 20 OF 23		
	<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)  
**KEADLE FOR CONGRESS 2012**

Full Name (Last, First, Middle Initial) <b>A. Lauren Slepian</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012
Mailing Address 8204 Hurrican Lane		Amount of Each Disbursement this Period 913.93 <b>Transaction ID : SB17.5324</b>
City Fayetteville	State NC	
Zip Code 28314	Purpose of Disbursement Consulting, management, and expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Square Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 110 5th Street		Amount of Each Disbursement this Period 681.87 <b>Transaction ID : SB17.5445</b>
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Online Contribution Charges 4/1-4/18	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Starboard Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : SB17.5329</b>
City Lexington	State NC	
Zip Code 29072	Purpose of Disbursement Direct mail postcards	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13595.80
<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 21 OF 23	
	<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)  
**KEADLE FOR CONGRESS 2012**

Full Name (Last, First, Middle Initial) <b>A. Starboard Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 24996.00 <b>Transaction ID : SB17.5328</b>
City Lexington State NC Zip Code 29072	Purpose of Disbursement Media Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Starboard Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 142357.00 <b>Transaction ID : SB17.5327</b>
City Lexington State NC Zip Code 29072	Purpose of Disbursement Media Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Dr. Harold Twisdale</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 2221 Streatley Lane		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.5494</b>
City Matthews State NC Zip Code 28105	Purpose of Disbursement In-kind - Campaign Event sponsorship Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	168103.00
<b>TOTAL</b> This Period (last page this line number only).....	196958.47

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4323

KEADLE FOR CONGRESS 2012

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

SCOTT KEADLE

Primary

General

Other (specify) ▼

Mailing Address

113 SEA HIDE COURT

City

State

ZIP Code

MOORESVILLE

NC

28117

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

70000.00

0.00

70000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09

30

2011

12/31/2012

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

70000.00

**TOTALS** This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5209**  
**KEADLE FOR CONGRESS 2012**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>SCOTT KEADLE</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 113 SEA HIDE COURT		

City	State	ZIP Code
MOORESVILLE	NC	28117

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
180000.00	0.00	180000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	02 / 16 / 2012	12/31/12	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	180000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	250000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**