

# 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

Paul Coble for Congress

ADDRESS (number and street)

PO Box 17295

Check if different than previously reported. (ACC)

RALEIGH

NC

27619

2. **FEC IDENTIFICATION NUMBER**

C C00499541

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

13

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Mr. Ray Donavon Munford Jr.

Signature of Treasurer Mr. Ray Donavon Munford Jr.

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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  
**Paul Coble 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))....	36595.00	133991.00
(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)).....	36595.00	133991.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	48906.48	66685.86
(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)).....	48906.48	66685.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	68515.11	
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).....	1209.97	

**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

**Paul Coble 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).....	33100.00	121850.00
(ii) Unitemized.....	3495.00	12141.00
(iii) TOTAL of contributions from individuals ▶	36595.00	133991.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	36595.00	133991.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	739.68	1209.97
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	739.68	1209.97
<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>	<b>37334.68</b>	<b>135200.97</b>

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	48906.48	66685.86
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) ▶	48906.48	66685.86

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	80086.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37334.68
25. SUBTOTAL (add Line 23 and Line 24).....	117421.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48906.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	68515.11

**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 36
	<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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>Thomas Andrus Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2011
Mailing Address 4005 City of Oaks Wynd		<b>Transaction ID : SA11AI.4751</b>
City Raleigh	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>James Baker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2011
Mailing Address 3121 Braddock Drive		<b>Transaction ID : SA11AI.4677</b>
City Raleigh	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>William Barker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2011
Mailing Address 711 Marlowe Road		<b>Transaction ID : SA11AI.4678</b>
City Raleigh	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Home Builder	Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
	<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)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Bowman**

Mailing Address 8721 Fort Macon Court

City Raleigh State NC Zip Code 27615

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

Name of Employer Computer Service Partners Occupation Sales

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.4634**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)  
**R. J. Bryan Jr.**

Mailing Address PO Box 919

City Goldsboro State NC Zip Code 27533

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

Name of Employer T.A. Loving Company Occupation Chairman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2011

**Transaction ID : SA11AI.4641**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 919 Eton Drive

City Jacksonville State NC Zip Code 28546

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

Name of Employer Jacksonville Childrens Center 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  
 10 / 24 / 2011

**Transaction ID : SA11AI.4605**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<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)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Carrigan**

Mailing Address 5214 Landguard Drive

City Raleigh State NC Zip Code 27613

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

Name of Employer G. P. Agency Occupation Insurance

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2011

**Transaction ID : SA11AI.4753**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 2626 Glenwood Ave

City Raleigh State NC Zip Code 27608

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

Name of Employer Self Occupation Insurance

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2011

**Transaction ID : SA11AI.4755**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address PO Drawer 1838

City Goldsboro State NC Zip Code 27533

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  
 12 / 14 / 2011

**Transaction ID : SA11AI.4709**

Amount of Each Receipt this Period  
 Contribution 500.00

**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 8 OF 36
	<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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>Michael Condry</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2011
Mailing Address PO Box 33723		<b>Transaction ID : SA11AI.4608</b>
City Raleigh	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2000.00
Name of Employer North Western Mutual	Occupation Insurance	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Thomas Craven</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 124 Berry Hill Drive		<b>Transaction ID : SA11AI.4785</b>
City Raleigh	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2000.00
Name of Employer Priest, Craven and Associates	Occupation President	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Walter Daniel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2011
Mailing Address 312 Buncombe Street		<b>Transaction ID : SA11AI.4682</b>
City Raleigh	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 200.00
Name of Employer American Anesthesiology	Occupation Physician	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4200.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<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)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Derrickson Jr.**

Mailing Address 1024 Vestavia Woods Drive

City Raleigh State NC Zip Code 27615

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

Name of Employer Southen Community Bank Occupation Banker

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  
 12 / 14 / 2011

**Transaction ID : SA11AI.4724**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 8600 Timberwind Drive

City Raleigh State NC Zip Code 27615

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

Name of Employer None Occupation Homemaker

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  
 10 / 22 / 2011

**Transaction ID : SA11AI.4664**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 1200 Trillium Circle

City Raleigh State NC Zip Code 27606

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

Name of Employer Self Occupation Real Estate

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  
 12 / 14 / 2011

**Transaction ID : SA11AI.4726**

Amount of Each Receipt this Period  
 Contribution 500.00

**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 10 OF 36
	<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)  
**Paul Coble for Congress**

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

Mailing Address 1200 Trilliumm Circle

City Raleigh State NC Zip Code 27606

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

Name of Employer Self Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : SA11AI.4616**

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

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

Mailing Address 5709 Buteo Court

City Fuquay Varina State NC Zip Code 27526

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

Name of Employer Independent Ins. Agents of NC Occupation CEO

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  
 12 / 14 / 2011

**Transaction ID : SA11AI.4727**

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

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

Mailing Address 5501 Lambshire Drive

City Raleigh State NC Zip Code 27612

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

Name of Employer Self Occupation Real Estate

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  
 10 / 30 / 2011

**Transaction ID : SA11AI.4683**

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

**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 11 OF 36
	<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)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marsha Farrell**

Mailing Address 3612 Sunriver Pt

City Raleigh State NC Zip Code 27610

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

Name of Employer None 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  
 12 / 22 / 2011

**Transaction ID : SA11AI.4779**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 301 Wilderness Lane

City Washington State NC Zip Code 27889

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

Name of Employer Self Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2011

**Transaction ID : SA11AI.4685**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 3230 Rain Forest Way

City Raleigh State NC Zip Code 27614

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  
 10 / 30 / 2011

**Transaction ID : SA11AI.4687**

Amount of Each Receipt this Period  
 Contribution 1000.00

**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 12 OF 36
	<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)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ben Gentry**

Mailing Address 100 Large Oadks Drive

City Cary State NC Zip Code 27518

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

Name of Employer Self Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 07 / 2011

**Transaction ID : SA11AI.4769**

Amount of Each Receipt this Period  
 Contribution 1000.00

Election Cycle-to-Date  
 Contribution 1000.00

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

Mailing Address 4109 Worley Drive

City Raleigh State NC Zip Code 27613

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

Name of Employer H. Glazier Builders, Inc. Occupation Builder

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 22 / 2011

**Transaction ID : SA11AI.4783**

Amount of Each Receipt this Period  
 Contribution 250.00

Election Cycle-to-Date  
 Contribution 500.00

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

Mailing Address 2700 Hazelwood Drive

City Raleigh State NC Zip Code 27608

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

Name of Employer Godwin Elevator Company Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2011

**Transaction ID : SA11AI.4729**

Amount of Each Receipt this Period  
 Contribution 250.00

Election Cycle-to-Date  
 Contribution 250.00

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

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

Contribution 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 36
	<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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>Charlie Hoover</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 18 / 2011
Mailing Address 7601 Southwick Court		<b>Transaction ID : SA11AI.4601</b>
City Wake Forest	State NC	
Zip Code 27587		Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Moore and Johnson	Occupation Insurance	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Paul Hoover</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2011
Mailing Address 1120 Gunnison Place		<b>Transaction ID : SA11AI.4668</b>
City Raleigh	State NC	
Zip Code 27609		Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Insurance Sales	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Forest Horne</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2011
Mailing Address 3201 Darien Drive		<b>Transaction ID : SA11AI.4614</b>
City Raleigh	State NC	
Zip Code 27607		Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Michaels and Jones	Occupation Attorney	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<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)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Frances Hunt**

Mailing Address 2608 Sherborne Place

City Raleigh State NC Zip Code 27612

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

Name of Employer Homemaker 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  
 10 / 30 / 2011

**Transaction ID : SA11AI.4692**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 925 Crabtree Crossing Pky

City Raleigh State NC Zip Code 27560

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

Name of Employer 42nd Street Oyster Bar Occupation Principal

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2011

**Transaction ID : SA11AI.4612**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 3400 Coleridge Drive

City Raleigh State NC Zip Code 27909

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

Name of Employer Blanchard, Miller, Lewis and I Occupation 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  
 10 / 30 / 2011

**Transaction ID : SA11AI.4694**

Amount of Each Receipt this Period  
 Contribution 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 15 OF 36
	<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)  
**Paul Coble for Congress**

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

Mailing Address **PO Box 17022**

City **Raleigh** State **NC** Zip Code **27619**

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

Name of Employer **WAJ Management** Occupation **Real Estate**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 22 / 2011**

**Transaction ID : SA11AI.4775**

Amount of Each Receipt this Period  
**2000.00**

Contribution

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

Mailing Address **118 Duuncansby Court**

City **Cary** State **NC** Zip Code **27511**

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

Name of Employer **Self** Occupation **Executive**

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  
**10 / 10 / 2011**

**Transaction ID : SA11AI.4642**

Amount of Each Receipt this Period  
**250.00**

Contribution

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

Mailing Address **3017 Old Orchard Road**

City **Raleigh** State **NC** Zip Code **27607**

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

Name of Employer **Brady Engery Services** Occupation **Director**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2011**

**Transaction ID : SA11AI.4696**

Amount of Each Receipt this Period  
**250.00**

Contribution

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
	<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)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**W.D. Lane**

Mailing Address 2307 Salem Church Road

City Goldsboro State NC Zip Code 27530

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

Name of Employer John Deere Dealer Occupation President

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  
 12 / 14 / 2011

**Transaction ID : SA11AI.4731**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

Mailing Address 1805 Craig Street

City Raleigh State NC Zip Code 27608

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

Name of Employer Homemaker Occupation Homemaker

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  
 10 / 30 / 2011

**Transaction ID : SA11AI.4697**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

Mailing Address PO Box 995

City Dumas State TX Zip Code 79029

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

Name of Employer Self Occupation Surgeon

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  
 10 / 27 / 2011

**Transaction ID : SA11AI.4607**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

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

2500.00



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

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

FOR LINE NUMBER: PAGE 17 OF 36  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roland Massey**

Mailing Address 5112 Knaresborough Road

City Raleigh State NC Zip Code 27612

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

Name of Employer Wake Stone Corporation Occupation Safety Manager

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2011

**Transaction ID : SA11AI.4699**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 106 Pineridge Lane

City Goldsboro State NC Zip Code 27534

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

Name of Employer Pate Dawson Food Company Occupation President

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2011

**Transaction ID : SA11AI.4733**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 2908 Lake Boone Place

City Raleigh State NC Zip Code 27608

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

Name of Employer Self Occupation Insurance

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2011

**Transaction ID : SA11AI.4631**

Amount of Each Receipt this Period  
 Contribution 100.00

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

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

1600.00

**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 36
	<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)  
**Paul Coble for Congress**

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

Mailing Address 1220 Bethlehem Road

City State Zip Code  
Knightdale NC 27545

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

Name of Employer Occupation  
Poole Funeral Service President

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  
10 / 22 / 2011

**Transaction ID : SA11AI.4672**

Amount of Each Receipt this Period  
500.00  
Contribution

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

Mailing Address 700 N. Paninsula Ave

City State Zip Code  
New Smyrna FL 32169

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  
12 / 22 / 2011

**Transaction ID : SA11AI.4781**

Amount of Each Receipt this Period  
1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**W. Trent Ragland Jr.**

Mailing Address Box 818433

City State Zip Code  
Raleigh NC 27622

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  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2011

**Transaction ID : SA11AI.4701**

Amount of Each Receipt this Period  
500.00  
Contribution

**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 19 OF 36
	<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)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Laura Riddick**

Mailing Address 1920 Stannard Trail

City Raleigh State NC Zip Code 27612

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

Name of Employer Wake County Occupation Register of Deeds

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  
 10 / 30 / 2011

**Transaction ID : SA11AI.4703**

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

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

Mailing Address 1101 Blenheim Drive

City Raleigh State NC Zip Code 27612

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

Name of Employer Self Occupation Business Owner

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  
 10 / 22 / 2011

**Transaction ID : SA11AI.4603**

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

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

Mailing Address 705 Marlowe Road

City Raleigh State NC Zip Code 27609

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2011

**Transaction ID : SA11AI.4735**

Amount of Each Receipt this Period  
 Contribution **200.00**

**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 20 OF 36
	<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)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Todd Robinson**

Mailing Address 1404 Dogwood Lane

City Raleigh State NC Zip Code 27607

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

Name of Employer Carson Payne LLC Occupation Principal

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.4632**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address PO Box 587

City Raleigh State NC Zip Code 27602

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

Name of Employer Self Occupation 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  
 10 / 30 / 2011

**Transaction ID : SA11AI.4705**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address PO Box 587

City Raleigh State NC Zip Code 27602

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

Name of Employer Self Occupation 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  
 12 / 30 / 2011

**Transaction ID : SA11AI.4784**

Amount of Each Receipt this Period  
 Contribution 500.00

**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: PAGE 21 OF 36  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Safran**

Mailing Address 213 Transylvania Ave.

City Raleigh State NE Zip Code 27609

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

Name of Employer Homemaker 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  
 12 / 30 / 2011

**Transaction ID : SA11AI.4787**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 1508 Knightwood Drive

City Greensboro State NC Zip Code 27410

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

Name of Employer Self Occupation Insurance

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2011

**Transaction ID : SA11AI.4761**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 4508 Sandridge Court

City Raleigh State NC Zip Code 27612

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

Name of Employer Smith Anderson Law Firm Occupation 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  
 11 / 26 / 2011

**Transaction ID : SA11AI.4763**

Amount of Each Receipt this Period  
 Contribution 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 22 OF 36
	<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)  
**Paul Coble for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donna Sorrell**

Mailing Address 605 Devonhall Lane

City Cary State NC Zip Code 27518

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

Name of Employer Self Occupation Business Person

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  
 10 / 12 / 2011

**Transaction ID : SA11AI.4645**

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

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

Mailing Address 420 Bloomsbury Park Drive

City San Marcos State CA Zip Code 92069

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  
 12 / 07 / 2011

**Transaction ID : SA11AI.4772**

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

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

Mailing Address 2508 Laurel Hills Road

City Raleigh State NC Zip Code 27612

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

Name of Employer JM Thompson Construction Occupation President

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  
 12 / 14 / 2011

**Transaction ID : SA11AI.4736**

Amount of Each Receipt this Period  
 Contribution **2500.00**

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

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

**3000.00**

**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 23 OF 36
	<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)  
**Paul Coble for Congress**

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

Mailing Address 1905 Thorpshire Drive

City Raleigh State NC Zip Code 27615

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

Name of Employer Self Occupation Business Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2011

**Transaction ID : SA11AI.4765**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 4 West Main Street

City Hamlet State NC Zip Code 28435

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

Name of Employer Dupress and Webb Occupation Insurance

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2011

**Transaction ID : SA11AI.4767**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 6116 Oxfordshire Court

City Raleigh State NC Zip Code 27606

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

Name of Employer Withers and Ravenel 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  
 10 / 22 / 2011

**Transaction ID : SA11AI.4676**

Amount of Each Receipt this Period  
 Contribution 500.00

**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 24 OF 36
	<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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hamilton Withers</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011
Mailing Address 6116 Oxfordshire Court		<b>Transaction ID : SA11AI.4622</b>
City Raleigh State NC Zip Code 27606	Amount of Each Receipt this Period Contribution 50.00	
FEC ID number of contributing federal political committee. C	Name of Employer Withers and Ravenel Occupation CEO	Amount of Each Receipt this Period Contribution 550.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

Full Name (Last, First, Middle Initial) <b>B. David Woodard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2011
Mailing Address 4 West Main Street		<b>Transaction ID : SA11AI.4789</b>
City Hamlet State NC Zip Code 28435	Amount of Each Receipt this Period Contribution 250.00	
FEC ID number of contributing federal political committee. C	Name of Employer Union Central Life Insurance Occupation Manager	Amount of Each Receipt this Period Contribution 250.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period Contribution
City State Zip Code	Amount of Each Receipt this Period Contribution	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	Amount of Each Receipt this Period Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	33100.00



**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 25 OF 36
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>Paul Coble</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2011	
Mailing Address 2412 Tyson Street		<b>Transaction ID : SA13A.4824</b>	
City Raleigh      State NC      Zip Code 27612	Amount of Each Receipt this Period _____ 739.68		
FEC ID number of contributing federal political committee.      C	4th Quarter Expenses		
Name of Employer Self      Occupation Insurance	Amount of Each Receipt this Period _____		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1209.97		

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		_____	
City      State      Zip Code	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee.      C	_____		
Name of Employer      Occupation	_____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		_____	
City      State      Zip Code	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee.      C	_____		
Name of Employer      Occupation	_____		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 739.68
<b>TOTAL</b> This Period (last page this line number only).....	_____ 739.68

**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 36		
	<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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACH Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address 777 E. Altamonte Drive		Amount of Each Disbursement this Period 204.65
City Altamonte Springs	State FL	Zip Code 32701
Purpose of Disbursement Fee	001 Category/ Type	
Candidate Name	Transaction ID : SB17.4850	
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. ACH Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2011
Mailing Address 777 E. Altamonte Drive		Amount of Each Disbursement this Period 109.78
City Altamonte Springs	State FL	Zip Code 32701
Purpose of Disbursement	001 Category/ Type	
Candidate Name	Transaction ID : SB17.4854	
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. ACH Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2011
Mailing Address 777 E. Altamonte Drive		Amount of Each Disbursement this Period 99.80
City Altamonte Springs	State FL	Zip Code 32701
Purpose of Disbursement	001 Category/ Type	
Candidate Name	Transaction ID : SB17.4855	
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).....	414.23
<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 36	
	<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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>A. Robert Barnett</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address 6732 Greywalls Lane		Amount of Each Disbursement this Period 1885.60 <b>Transaction ID : SB17.4583</b>
City Raleigh	State NC Zip Code 27614	
Purpose of Disbursement Inv. 005719	Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2011
Mailing Address 3701 Barrett Drive		Amount of Each Disbursement this Period 149.79 <b>Transaction ID : SB17.4573</b>
City Raleigh	State NC Zip Code 27609	
Purpose of Disbursement Merchant Fee	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. BB&amp;T Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 3701 Barrett Drive		Amount of Each Disbursement this Period 100.75 <b>Transaction ID : SB17.4592</b>
City Raleigh	State NC Zip Code 27609	
Purpose of Disbursement Merchant Fee	Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2136.14
<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 28 OF 36	
	<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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011
Mailing Address 3701 Barrett Drive		Amount of Each Disbursement this Period 85.00
City Raleigh	State NC Zip Code 27609	
Purpose of Disbursement Merchant Fee for CC transactions	Category/Type 003	<b>Transaction ID : SB17.4791</b>
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. Grass Roots Targeting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2011
Mailing Address 814 King Street, Suite 420		Amount of Each Disbursement this Period 7625.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Inv. 259	Category/Type 004	<b>Transaction ID : SB17.4579</b>
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. Carlton Huffman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address 5817 Rocking Chair Road		Amount of Each Disbursement this Period 500.00
City Youngsville	State NC Zip Code 27596	
Purpose of Disbursement Research	Category/Type 001	<b>Transaction ID : SB17.4587</b>
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).....	8210.00
<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 36			
	<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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kohn and Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2011
Mailing Address 1140 Harp Street		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.4575</b>
City Raleigh	State NC Zip Code 27604	
Purpose of Disbursement Sept. and Oct. 2011	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. Kohn and Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address 1140 Harp Street		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : SB17.4589</b>
City Raleigh	State NC Zip Code 27604	
Purpose of Disbursement Oct. & Nov. 2011 Invoices	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>c. Madison Management Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address 3101 Hemlock Hills Lane		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4844</b>
City Apex	State NC Zip Code 27539	
Purpose of Disbursement Inv. # 366	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).....	13000.00
<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 36	
	<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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>A. McLaughlin &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address 566 South Route 303		Amount of Each Disbursement this Period 18876.00 <b>Transaction ID : SB17.4847</b>
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Inv. 3598	Category/ Type 005
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. Metro Productions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2011
Mailing Address 6005 Chapel Hill Road		Amount of Each Disbursement this Period 1489.16 <b>Transaction ID : SB17.4574</b>
City Raleigh	State NC	
Zip Code 27607	Purpose of Disbursement Inv. 11-0749	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. Metro Productions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2011
Mailing Address 6005 Chapel Hill Road		Amount of Each Disbursement this Period 468.63 <b>Transaction ID : SB17.4578</b>
City Raleigh	State NC	
Zip Code 27607	Purpose of Disbursement Inv. 11-0819	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20833.79
<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 36			
	<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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>A. Metro Productions, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011	
Mailing Address 6005 Chapel Hill Road			Amount of Each Disbursement this Period 2906.69	
City Raleigh	State NC	Zip Code 27607	Transaction ID : SB17.4582	
Purpose of Disbursement Inv. 11-0903 & 11-0859		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>B. Metro Productions, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2011	
Mailing Address 6005 Chapel Hill Road			Amount of Each Disbursement this Period 226.31	
City Raleigh	State NC	Zip Code 27607	Transaction ID : SB17.4598	
Purpose of Disbursement Inv. # 11-0868		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. Patton Boggs, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011	
Mailing Address 2550 M Street, NW			Amount of Each Disbursement this Period 505.90	
City Washington	State DC	Zip Code 20037	Transaction ID : SB17.4581	
Purpose of Disbursement Inv. # 10341012		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).....	3638.90
<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 36	
	<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)  
**Paul Coble for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piedmont Litho</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2011
Mailing Address 3126 Hillsborough Street		Amount of Each Disbursement this Period 423.42
City Raleigh	State NC	
Zip Code 27650	Purpose of Disbursement Inv. 21122 & 21123	<b>Transaction ID : SB17.4858</b>
Candidate Name	Category/Type 003	
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. Carla Rose</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011
Mailing Address 110 Holly Point Place		Amount of Each Disbursement this Period 250.00
City Clayton	State NC	
Zip Code 27520	Purpose of Disbursement Campaign Help	<b>Transaction ID : SB17.4638</b>
Candidate Name	Category/Type	
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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	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).....	673.42
<b>TOTAL</b> This Period (last page this line number only).....	48906.48



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

NAME OF COMMITTEE (In Full) **Paul Coble for Congress** Transaction ID : **SC/10.4548**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Paul Coble** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
2412 Tyson Street

City Raleigh State NC ZIP Code 27612

Original Amount of Loan 111.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 111.00
-----------------------------------	------------------------------------	-------------------------------------------------------

**TERMS**

Date Incurred M 07 / D 18 / Y 2011	Date Due M / D / Y 12/01/2012	Interest Rate 0.00 % (apr)	Secured: <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).....	▶	111.00
<b>TOTALS</b> 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) **Paul Coble for Congress** Transaction ID : **SC/10.4551**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Paul Coble</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2412 Tyson Street		

City	State	ZIP Code
Raleigh	NC	27612

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
68.85	0.00	68.85

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	09 / 13 / 2011	12/1/2012	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).....	▶	68.85
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **Paul Coble for Congress** Transaction ID : **SC/10.4550**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Paul Coble** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 2412 Tyson Street

City Raleigh State NC ZIP Code 27612

Original Amount of Loan 290.44	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 290.44
-----------------------------------	------------------------------------	-------------------------------------------------------

**TERMS**

Date Incurred M 09 / D 30 / Y 2011	Date Due M / D / Y 12/1/2012	Interest Rate 0.00 % (apr)	Secured: <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).....	▶	[ ] 290.44
<b>TOTALS</b> 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) **Paul Coble for Congress** Transaction ID : **SC/10.4824**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Paul Coble** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 2412 Tyson Street

City Raleigh State NC ZIP Code 27612

Original Amount of Loan 739.68	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 739.68
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**TERMS**

Date Incurred M 12 / D 30 / Y 2011	Date Due M / D / Y 12/31/2013	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	739.68
<b>TOTALS</b> This Period (last page in this line only).....	1209.97

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