

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JAMES MITCHELL 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))....	4250.00	32412.00
(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)).....	4250.00	32412.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11770.73	23318.23
(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)).....	11770.73	23318.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9093.77	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	40382.13	

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

JAMES MITCHELL FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4250.00	27875.00
(ii) Unitemized.....	0.00	4287.00
(iii) TOTAL of contributions from individuals ▶	4250.00	32162.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4250.00	32412.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4250.00	32412.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11770.73	23318.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	11770.73	23318.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16614.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4250.00
25. SUBTOTAL (add Line 23 and Line 24).....	20864.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11770.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9093.77

**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 15
	<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)
JAMES MITCHELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bridget Chisholm

Mailing Address P.O.Box 5183

City Greensboro State NC Zip Code 27435

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

Name of Employer BWC Consulting Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2014

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Roddey Dowd Jr.

Mailing Address PO Box 35430

City Charlotte State NC Zip Code 28235

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

Name of Employer Charlotte Pipe and Foundry Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2014

Transaction ID : SA11AI.4332

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Roddey Dowd Sr.

Mailing Address P.O. Box 35430

City Charlotte State NC Zip Code 28235

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

Name of Employer Charlotte Pipe and Foundry Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2014

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

**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 15
	<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)
JAMES MITCHELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edward Hardison

Mailing Address 1300 Scotland Ave

City Charlotte State NC Zip Code 28297

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

Name of Employer Charlotte Pipe and Foundry Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2014

Transaction ID : SA11AI.4336

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4101 Black Sycamore Drive

City Charlotte State NC Zip Code 28226

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

Name of Employer Chamber of Commerce Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2014

Transaction ID : SA11AI.4340

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Kimberly Seagle

Mailing Address 6021 Connermara CT

City Charlotte State NC Zip Code 28037

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4342

Amount of Each Receipt this Period
 500.00

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

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

2000.00

4250.00

**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 7 OF 15			
	<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)
JAMES MITCHELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Travis Commodore		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4371
City	State Zip Code	
Purpose of Disbursement Salary	Category/Type	
Candidate Name JAMES MITCHELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 12		

Full Name (Last, First, Middle Initial) B. Travis Commodore		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 1145.67 Transaction ID : SB17.4372
City	State Zip Code	
Purpose of Disbursement Reimbursements	Category/Type	
Candidate Name JAMES MITCHELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 12		

Full Name (Last, First, Middle Initial) c. Doryaun Cook		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address		Amount of Each Disbursement this Period 1700.00 Transaction ID : SB17.4374
City	State Zip Code	
Purpose of Disbursement Salary	Category/Type	
Candidate Name JAMES MITCHELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 12		

SUBTOTAL of Disbursements This Page (optional).....	6845.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15			
	<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)
JAMES MITCHELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jill Santuccio		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.4373
City	State Zip Code	
Purpose of Disbursement Salary	Category/Type	
Candidate Name JAMES MITCHELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 12		

Full Name (Last, First, Middle Initial) B. Joseph Smalls		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 1440 S St NW Apt 2		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4375
City	State Zip Code	
Washington DC 20009		
Purpose of Disbursement Salary	Category/Type	
Candidate Name JAMES MITCHELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 12		

Full Name (Last, First, Middle Initial) c. Joseph Smalls		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 1440 S St NW Apt 2		Amount of Each Disbursement this Period 892.56 Transaction ID : SB17.4376
City	State Zip Code	
Washington DC 20009		
Purpose of Disbursement Reimbursements	Category/Type	
Candidate Name JAMES MITCHELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2014	
State: NC District: 12		

SUBTOTAL of Disbursements This Page (optional).....	4642.56
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 15	
	<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)
JAMES MITCHELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Vistec Graphics		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 701 Morris St		Amount of Each Disbursement this Period 232.50
City Charlotte	State NC	
Zip Code 28202		
Purpose of Disbursement Printing services		Category/ Type
Candidate Name JAMES MITCHELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2014	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State: NC	District: 12	

Full Name (Last, First, Middle Initial) 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		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House	Disbursement For:	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House	Disbursement For:	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	232.50
TOTAL This Period (last page this line number only).....	11720.73

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

JAMES MITCHELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carolina PR	Nature of Debt (Purpose): PR Services
Mailing Address 1017 E. Morehead Steet Ste 150	
City State Zip Code Charlotte NC 28204	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2563.00"/>	Transaction ID : SD10.4322
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2563.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carolina PR	Nature of Debt (Purpose): PR Services
Mailing Address 1017 E. Morehead Steet Ste 150	
City State Zip Code Charlotte NC 28204	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.4347
Amount Incurred This Period <input style="width:100%;" type="text" value="5100.09"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="5100.09"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.4361
Amount Incurred This Period <input style="width:100%;" type="text" value="300.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="300.00"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="7963.09"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

JAMES MITCHELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DreamLife

Mailing Address

City State Zip Code

Nature of Debt (Purpose):
 Balance of Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.4360**

0.00

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

4100.00 0.00 4100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Duke Energy

Mailing Address 526 S Church St

City State Zip Code
 Charlotte NC 28202

Nature of Debt (Purpose):
 Energy bill for the office

Outstanding Balance Beginning This Period **Transaction ID : SD10.4357**

0.00

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

98.40 0.00 98.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
iPromoteU

Mailing Address 321 Commonwealth Road
 Suite 101

City State Zip Code
 Wayland MD 01778

Nature of Debt (Purpose):
 Stickers for the campaign

Outstanding Balance Beginning This Period **Transaction ID : SD10.4369**

0.00

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

696.35 0.00 696.35

1) SUBTOTALS This Period This Page (optional)	4894.75
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
JAMES MITCHELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John Strayhorn Photography	Nature of Debt (Purpose): Photography Services
Mailing Address 740 E 5th St	
City State Zip Code Charlotte NC 28202	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4349	
Amount Incurred This Period 350.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 350.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Marketabilities	Nature of Debt (Purpose): Website Services
Mailing Address 4411 Atleigh Court	
City State Zip Code Charlotte NC 28226	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4351	
Amount Incurred This Period 1467.38	Payment This Period 0.00	Outstanding Balance at Close of This Period 1467.38

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mellinger Group	Nature of Debt (Purpose): Fundraising director services
Mailing Address 1200 Light St Unit B	
City State Zip Code Annapolis MD 21230	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4362	
Amount Incurred This Period 4500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

1) SUBTOTALS This Period This Page (optional)	6317.38
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

JAMES MITCHELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mellinger Group		Nature of Debt (Purpose): Travel Reimbursement for Fundraising Director
Mailing Address 1200 Light St Unit B		
City State	Zip Code	
Annapolis	MD 21230	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4364	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2342.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2342.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Peidmont Marketing Concepts		Nature of Debt (Purpose): Signs for campaign office
Mailing Address 801 Atando Ave Suite J		
City State	Zip Code	
Charlotte	NC 28206	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4367	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="194.76"/>	<input type="text" value="0.00"/>	<input type="text" value="194.76"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Piedmont Natural Gas		Nature of Debt (Purpose): Gas for the office
Mailing Address 4339 S Tyron St		
City	State	Zip Code
Charlotte	NC	28217

Outstanding Balance Beginning This Period	Transaction ID : SD10.4355	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="135.56"/>	<input type="text" value="0.00"/>	<input type="text" value="135.56"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2672.32"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
JAMES MITCHELL FOR CONGRESS

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

Outstanding Balance Beginning This Period 4500.00	Transaction ID : SD10.4314	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Signs Now	Nature of Debt (Purpose): Campaign Signs
Mailing Address 1310 South Church	
City State Zip Code Charlotte NC 28203	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4344	
Amount Incurred This Period 215.21	Payment This Period 0.00	Outstanding Balance at Close of This Period 215.21

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joseph Smalls	Nature of Debt (Purpose): Salary owed
Mailing Address 1440 S St NW Apt 2	
City State Zip Code Washington DC 20009	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4359	
Amount Incurred This Period 6683.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6683.00

1) SUBTOTALS This Period This Page (optional)	11398.21
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
JAMES MITCHELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Strategy Group	Nature of Debt (Purpose): Media Messaging Services
Mailing Address 1140 Connecticut Ave NW 8th Floor	
City State Zip Code Washington DC 20036	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4365	
Amount Incurred This Period 6600.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Time Warner Cable	Nature of Debt (Purpose): Telephone, Cable, Internet for the office
Mailing Address 13840 Ballantyne Corporate Place	
City State Zip Code Charlotte NC 28277	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4353	
Amount Incurred This Period 536.38	Payment This Period 0.00	Outstanding Balance at Close of This Period 536.38

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

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

1) SUBTOTALS This Period This Page (optional)	7136.38
2) TOTALS This Period (last page this line number only)	40382.13
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	40382.13