

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE

14 APR 24 PM 3:09

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

TED ALEXANDER FOR US SENATE

ADDRESS (number and street)

409 BEAUMONDE AVENUE

Check if different than previously reported. (ACC)

SHELBY

NC

28150

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00554741

3. IS THIS REPORT

X NEW (N)

OR

AMENDED (A)

NC

00

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:

X Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

05

06

2014

in the State of

NC

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M

M

/

D

D

/

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

in the State of

5. Covering Period

04 01

2014

through

04 16

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DARRELL LYNN KELLER

Signature of Treasurer DARRELL LYNN KELLER

Darrell Lynn Keller

Date

04 21 2014

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

Table with 10 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

14020334265

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TED ALEXANDER FOR US SENATE

A. **TED ALEXANDER FOR US SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address 409 BEAUMONDE AVENUE

City SHELBY State NC Zip Code 28150

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: NC District: 00

Date of Disbursement: 04 / 16 / 2014

Amount of Each Disbursement this Period: 717.00

Transaction ID : SB17.4397

Category/Type: 006

B. **TIM WOMBEL**

Full Name (Last, First, Middle Initial)

Mailing Address

City SHELBY State NC Zip Code 28086

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 06 / 2014

Amount of Each Disbursement this Period: 600.00

Transaction ID : SB17.4400

Category/Type: 004

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

Amount of Each Disbursement this Period:

Category/Type:

SUBTOTAL of Disbursements This Page (optional).....	1317.00
TOTAL This Period (last page this line number only).....	1317.00

14020334266

101020334304
Kings Mountain, NC 28086

CERTIFIED MAIL™



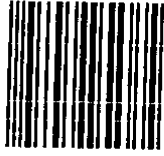
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Office of Public Records
P.O. Box 77578
Washington, DC

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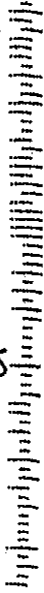
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AMOUNT

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CY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
MAIL MAIL OFFICE B1
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:
SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

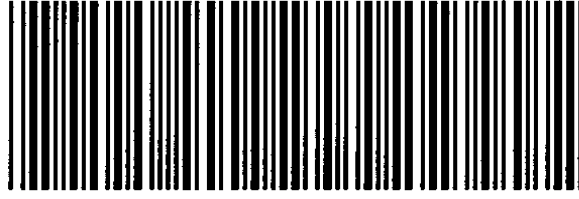
POSTMARK ILLEGIBLE NO POSTMARK

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Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **4-24-14**

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SEN PATCH



SEN PATCH

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