

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
BOTHWELL FOR CONGRESS

ADDRESS (number and street) POB 1877
 Check if different than previously reported. (ACC)
ASHEVILLE NC 28802

2. **FEC IDENTIFICATION NUMBER** C C00496190
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NC 11

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 04 / 01 / 2011 through M M / D D / Y Y Y Y 06 / 30 / 2011

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 CECIL BOTHWELL

Signature of Treasurer CECIL BOTHWELL [Electronically Filed] Date M M / D D / Y Y Y Y 07 / 16 / 2013

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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BOTHWELL 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))....	6278.24	7167.19
(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)).....	6278.24	7167.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3458.50	3458.50
(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)).....	3458.50	3458.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3708.69	
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).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

BOTHWELL 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).....	1735.20	1933.80
(ii) Unitemized.....	3743.04	4433.39
(iii) TOTAL of contributions from individuals ▶	5478.24	6367.19
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	800.00	800.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6278.24	7167.19
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)..... ▶	6278.24	7167.19

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3458.50	3458.50
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) ►	3458.50	3458.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	888.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6278.24
25. SUBTOTAL (add Line 23 and Line 24).....	7167.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3458.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3708.69

**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 8
	<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	

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)
BOTHWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Scott Romanowski

Mailing Address 12 Stonehenge Cir.

City Bilerica State MA Zip Code 01821

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

Name of Employer software engineer Occupation Siliance

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
 05 / 24 / 2011

Transaction ID : SA11AI.6988

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Greg Stikeleather

Mailing Address 555 Bryant St.

City Palo Alto State CA Zip Code 94301

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

Name of Employer self Occupation investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
485.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2011

Transaction ID : SA11AI.6953

Amount of Each Receipt this Period
485.20

C. Full Name (Last, First, Middle Initial)
Greg Stikeleather

Mailing Address 555 Bryant St.

City Palo Alto State CA Zip Code 94301

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

Name of Employer self Occupation investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
485.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2011

Transaction ID : SA11AI.6993

Amount of Each Receipt this Period
0.00

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

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

735.20

**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 8
	<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)
BOTHWELL FOR CONGRESS

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

Mailing Address 60 Haywood St. #3-C

City Asheville State NC Zip Code 28801

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
 05 / 04 / 2011

Transaction ID : SA11Al.6950

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

1735.20

**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 8	
	<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)
BOTHWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Linda Brown			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2011		
Mailing Address 35 Grove St. #207			Amount of Each Disbursement this Period 750.00		
City Asheville	State NC	Zip Code 28801	Transaction ID : SB17.7010		
Purpose of Disbursement contract labor		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Linda Brown			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2011		
Mailing Address 35 Grove St. #207			Amount of Each Disbursement this Period 750.00		
City Asheville	State NC	Zip Code 28801	Transaction ID : SB17.7016		
Purpose of Disbursement contract labor		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) c. Linda Brown			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2011		
Mailing Address 35 Grove St. #207			Amount of Each Disbursement this Period 1000.00		
City Asheville	State NC	Zip Code 28801	Transaction ID : SB17.7024		
Purpose of Disbursement contract labor		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2500.00
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 8	
	<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)
BOTHWELL FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Discount Labels		M M / D D / Y Y Y Y 05 / 20 / 2011	
Mailing Address 4115 Profit Ct.		Amount of Each Disbursement this Period	
City	State	Zip Code	515.94
New Albany	IN	47150	Transaction ID : SB17.7017
Purpose of Disbursement bumper stickers		Category/ Type	
Candidate Name			
Office Sought:	House	Disbursement For: 2012	
	Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
	President	<input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B.		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:	House	Disbursement For:	
	Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	President	<input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C.		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:	House	Disbursement For:	
	Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	President	<input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	515.94
TOTAL This Period (last page this line number only).....	3015.94