

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 ASHEVILLE NC 28802 Check if different than previously reported. (ACC)

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 10 / 01 / 2011 through M M / D D / Y Y Y Y 12 / 31 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BOTHWELL FOR CONGRESS

Report Covering the Period: From: / / 10 / 01 / 2011 To: / / 12 / 31 / 2011

	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))....	7709.91	30309.60
(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)).....	7709.91	30309.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14426.05	26439.89
(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)).....	14426.05	26439.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3869.71	
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).....	3529.12	16784.52
(ii) Unitemized.....	3980.79	12525.08
(iii) TOTAL of contributions from individuals ▶	7509.91	29309.60
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	200.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7709.91	30309.60
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)..... ▶	7709.91	30309.60

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14426.05	26439.89
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) ▶	14426.05	26439.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10585.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7709.91
25. SUBTOTAL (add Line 23 and Line 24).....	18295.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14426.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3869.71

**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 22
	<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)
BOTHWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Ken Ashe		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2011
Mailing Address 904 Morgan Branch Rd		Transaction ID : SA11AI.7383
City Marshall	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.25
Name of Employer retired	Occupation none	Amount of Each Receipt this Period 493.70
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

B. Full Name (Last, First, Middle Initial) Ken Ashe		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2011
Mailing Address 904 Morgan Branch Rd		Transaction ID : SA11AI.7421
City Marshall	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.25
Name of Employer retired	Occupation none	Amount of Each Receipt this Period 541.95
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

C. Full Name (Last, First, Middle Initial) BOTHWELL FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2011
Mailing Address POB 1877		Transaction ID : SA11AI.7321
City ASHEVILLE	State NC	
FEC ID number of contributing federal political committee. C C00496190		Amount of Each Receipt this Period 1285.42
Name of Employer	Occupation	Amount of Each Receipt this Period 3646.37
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1381.92
TOTAL 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 22
	<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)
Mary Fishman

Mailing Address 117 Norwood Ave.

City Asheville State NC Zip Code 28804

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

Name of Employer na Occupation na

Receipt For: 2011
 Primary General
 Other (specify)

Election Cycle-to-Date **448.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2011

Transaction ID : SA11AI.7320

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
Herman T. Lankford

Mailing Address 175 Britain Cove Rd.

City Weaverville State NC Zip Code 28787

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

Name of Employer na Occupation na

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2011

Transaction ID : SA11AI.7449

Amount of Each Receipt this Period
 200.00

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

Mailing Address 2934 Hickory Rn Cir.

City Duluth State GA Zip Code 30096

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

Name of Employer Universal Avionics Systems Cor Occupation engineer

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
 11 / 02 / 2011

Transaction ID : SA11AI.7386

Amount of Each Receipt this Period
 500.00

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 7 OF 22
	<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)
John Schoenbaum

Mailing Address 25 Oak Hill Rd.

City: Wayland State: MA Zip Code: 01778

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

Name of Employer: Blue Cross Blue Shield Occupation: executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 394.40

Date of Receipt: 12 / 28 / 2011

Transaction ID : SA11AI.7461

Amount of Each Receipt this Period: 197.20

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

Mailing Address 62 Ben Lippen Rd

City: Asheville State: NC Zip Code: 28806

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

Name of Employer: self Occupation: jeweler

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 495.80

Date of Receipt: 12 / 18 / 2011

Transaction ID : SA11AI.7446

Amount of Each Receipt this Period: 200.00

C. 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: 2000.00

Date of Receipt: 10 / 23 / 2011

Transaction ID : SA11AI.7371

Amount of Each Receipt this Period: 1000.00

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

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

1397.20

3529.12

**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 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOTHWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nobody Nobody

Mailing Address 0 Zero St.

City Asheville State NC Zip Code 28802

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

Name of Employer na Occupation na

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 / 23 / 2011

Transaction ID : SA11C.7380

Amount of Each Receipt this Period
 100.00

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

Mailing Address POB 19023

City Asheville State NC Zip Code 28815

FEC ID number of contributing federal political committee. **C H2NC11064**

Name of Employer self Occupation realtor

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 / 14 / 2011

Transaction ID : SA11C.4591

Amount of Each Receipt this Period
 100.00
 check

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).....

200.00

200.00

**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 9 OF 22			
	<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. Alison Outdoor		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2011
Mailing Address POB 120		Amount of Each Disbursement this Period 660.00 Transaction ID : SB17.7175
City Sylva	State NC	
Zip Code 28779	Purpose of Disbursement billboard advertising	Category/ Type
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. Alison Outdoor		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2011
Mailing Address POB 120		Amount of Each Disbursement this Period 359.38 Transaction ID : SB17.7212
City Sylva	State NC	
Zip Code 28779	Purpose of Disbursement billboard advertising	Category/ Type
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) c. Alison Outdoor		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address POB 120		Amount of Each Disbursement this Period 660.00 Transaction ID : SB17.7233
City Sylva	State NC	
Zip Code 28779	Purpose of Disbursement billboard ads	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional)	1679.38
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 10 OF 22			
	<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

A. Associated Posters

Full Name (Last, First, Middle Initial)
Mailing Address 2737 W. Mountain St.

City Winston-Salem State NY Zip Code 27102

Purpose of Disbursement banners

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 17 / 2011

Amount of Each Disbursement this Period: 126.23

Transaction ID : SB17.7181

B. Chuck Brodsky

Full Name (Last, First, Middle Initial)
Mailing Address POB 16009

City Asheville State NC Zip Code 28816

Purpose of Disbursement musician for event

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 23 / 2011

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.7195

c. Linda Brown

Full Name (Last, First, Middle Initial)
Mailing Address 35 Grove St. #207

City Asheville State NC Zip Code 28801

Purpose of Disbursement contract labor

Candidate Name
BOTHWELL FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: NC District: 11

Date of Disbursement: 10 / 01 / 2011

Amount of Each Disbursement this Period: 1100.00

Transaction ID : SB17.7163

SUBTOTAL of Disbursements This Page (optional) 1526.23

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 11 OF 22			
	<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 10 / 22 / 2011		
Mailing Address 35 Grove St. #207			Amount of Each Disbursement this Period 193.23		
City Asheville	State NC	Zip Code 28801	Transaction ID : SB17.7191		
Purpose of Disbursement office expense - reimburse		Category/ Type			
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. Linda Brown			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2011		
Mailing Address 35 Grove St. #207			Amount of Each Disbursement this Period 170.30		
City Asheville	State NC	Zip Code 28801	Transaction ID : SB17.7192		
Purpose of Disbursement reimburse - travel expense		Category/ Type			
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) c. Linda Brown			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011		
Mailing Address 35 Grove St. #207			Amount of Each Disbursement this Period 1100.00		
City Asheville	State NC	Zip Code 28801	Transaction ID : SB17.7210		
Purpose of Disbursement contract labor		Category/ Type			
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:					

SUBTOTAL of Disbursements This Page (optional).....	1463.53
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 12 OF 22			
	<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 12 / 01 / 2011
Mailing Address 35 Grove St. #207		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.7222
City Asheville State NC Zip Code 28801	Purpose of Disbursement contract labor	
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. Linda Brown		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2011
Mailing Address 35 Grove St. #207		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.7248
City Asheville State NC Zip Code 28801	Purpose of Disbursement contract labor	
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) c. Charm's Floral		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2011
Mailing Address Beaverdam Rd.		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.7202
City Asheville State NC Zip Code 28804	Purpose of Disbursement flowers for event	
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:		

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 13 OF 22	
	<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. Charm's Floral		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2011
Mailing Address Beaverdam Rd.		Amount of Each Disbursement this Period 55.00
City Asheville	State NC Zip Code 28804	
Purpose of Disbursement flowers for event	Candidate Name	Transaction ID : SB17.7242
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Citgo		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2011
Mailing Address 425 Broadway		Amount of Each Disbursement this Period 27.50
City Asheville	State NC Zip Code 28801	
Purpose of Disbursement candidate travel	Candidate Name	Transaction ID : SB17.7174
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Citgo		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2011
Mailing Address 425 Broadway		Amount of Each Disbursement this Period 27.22
City Asheville	State NC Zip Code 28801	
Purpose of Disbursement candidate travel	Candidate Name	Transaction ID : SB17.7185
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	109.72
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 14 OF 22			
	<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. Citgo		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2011
Mailing Address 425 Broadway		Amount of Each Disbursement this Period 22.30
City Asheville	State NC Zip Code 28801	
Purpose of Disbursement candidate travel	Candidate Name	Transaction ID : SB17.7205
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Citgo		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address 425 Broadway		Amount of Each Disbursement this Period 23.48
City Asheville	State NC Zip Code 28801	
Purpose of Disbursement candidate travel	Candidate Name	Transaction ID : SB17.7206
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Citgo		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2011
Mailing Address 425 Broadway		Amount of Each Disbursement this Period 24.70
City Asheville	State NC Zip Code 28801	
Purpose of Disbursement candidate travel	Candidate Name	Transaction ID : SB17.7213
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	70.48
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 15 OF 22			
	<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. Citgo		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011
Mailing Address 425 Broadway		Amount of Each Disbursement this Period 25.43
City Asheville	State NC Zip Code 28801	
Purpose of Disbursement candidate travel	Candidate Name	Transaction ID : SB17.7216
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Citgo		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2011
Mailing Address 425 Broadway		Amount of Each Disbursement this Period 25.50
City Asheville	State NC Zip Code 28801	
Purpose of Disbursement candidate travel	Candidate Name	Transaction ID : SB17.7243
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Citgo		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2011
Mailing Address 425 Broadway		Amount of Each Disbursement this Period 26.22
City Asheville	State NC Zip Code 28801	
Purpose of Disbursement candidate travel	Candidate Name	Transaction ID : SB17.7221
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	77.15
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 16 OF 22			
	<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. Citgo		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address 425 Broadway		Amount of Each Disbursement this Period 23.68 Transaction ID : SB17.7232
City Asheville	State NC Zip Code 28801	
Purpose of Disbursement candidate travel	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. Citgo		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011
Mailing Address 425 Broadway		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.7239
City Asheville	State NC Zip Code 28801	
Purpose of Disbursement candidate travel	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) c. Club Flyers		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2011
Mailing Address 2300 NW 7th Ave		Amount of Each Disbursement this Period 95.83 Transaction ID : SB17.7247
City Miami	State FL Zip Code 33127	
Purpose of Disbursement printing	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:		

SUBTOTAL of Disbursements This Page (optional).....	144.51
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 17 OF 22			
	<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. Chelsea Cook		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2011
Mailing Address 614 W. Main St.		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.7204
City Carrboro State NC Zip Code 27510	Purpose of Disbursement contract labor	
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. Chelsea Cook		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address 614 W. Main St.		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.7211
City Carrboro State NC Zip Code 27510	Purpose of Disbursement contract labor	
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) c. Eastvale Shopping Center		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2011
Mailing Address 269 Tunnel Rd.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.7223
City Asheville State NC Zip Code 28803	Purpose of Disbursement rent	
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:		

SUBTOTAL of Disbursements This Page (optional).....	850.00
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 18 OF 22			
	<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. Angela Leonard		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2011
Mailing Address 35 Sams Rd.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.7245
City Weaverville	State NC	
Zip Code 28787	Purpose of Disbursement contract labor	Category/ Type
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. Lillian's List		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address 2912 Highwoods Blv. #214		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7182
City Raleigh	State NC	
Zip Code 27604	Purpose of Disbursement campaign contribution	Category/ Type
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) C. Lillian's List		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address 2912 Highwoods Blv. #214		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.7184
City Raleigh	State NC	
Zip Code 27604	Purpose of Disbursement campaign contribution	Category/ Type
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:	

SUBTOTAL of Disbursements This Page (optional).....	825.00
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 19 OF 22	
	<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. McKinney Insurance		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 1056 Haywood Rd. Ste. A		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.7224
City Asheville State NC Zip Code 28806	Purpose of Disbursement liability insurance for office	
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. NC Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2011
Mailing Address 220 Hillsborough St.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7176
City Raleigh State NC Zip Code 27603	Purpose of Disbursement campaign support	
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) c. David Rovics		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2011
Mailing Address POB 86805		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7197
City Portland State OR Zip Code 97286	Purpose of Disbursement musician for event	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1725.00
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 20 OF 22	
	<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. Brian Sarzynski		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2011
Mailing Address 54 Fulton St.		Amount of Each Disbursement this Period 980.00 Transaction ID : SB17.7241
City Asheville State NC Zip Code 28801	Purpose of Disbursement video production	
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. Skinny Legs and All		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2011
Mailing Address 20 Michigan Ave.		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.7193
City Asheville State NC Zip Code 28806	Purpose of Disbursement band - music for event	
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) c. Raven Tata		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2011
Mailing Address 501 Trotting Horse La.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.7164
City Green Mountain State NC Zip Code 28740	Purpose of Disbursement contract labor	
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:		

SUBTOTAL of Disbursements This Page (optional).....	980.00
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 21 OF 22			
	<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. Raven Tata			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011	
Mailing Address 501 Trotting Horse La.			Amount of Each Disbursement this Period 250.00	
City Green Mountain	State NC	Zip Code 28740	Transaction ID : SB17.7209	
Purpose of Disbursement contract labor		Category/ Type		
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. Raven Tata			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2011	
Mailing Address 501 Trotting Horse La.			Amount of Each Disbursement this Period 250.00	
City Green Mountain	State NC	Zip Code 28740	Transaction ID : SB17.7231	
Purpose of Disbursement contract labor		Category/ Type		
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) C. Raven Tata			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2011	
Mailing Address 501 Trotting Horse La.			Amount of Each Disbursement this Period 250.00	
City Green Mountain	State NC	Zip Code 28740	Transaction ID : SB17.7249	
Purpose of Disbursement contract labor		Category/ Type		
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: _____			

SUBTOTAL of Disbursements This Page (optional)	750.00
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 22 OF 22	
	<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. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2011
Mailing Address 1900 Seaport Blvd.		Amount of Each Disbursement this Period 229.99
City Redwood City	State CA	
Zip Code 94063	Purpose of Disbursement stupid stickers for parade, very dumb idea	Transaction ID : SB17.7219
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.		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:		

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	
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:		

SUBTOTAL of Disbursements This Page (optional).....	229.99
TOTAL This Period (last page this line number only).....	12930.99