

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
DAVID ROUZER FOR CONGRESS

ADDRESS (number and street) PO BOX 2267
 Check if different than previously reported. (ACC) SMITHFIELD NC 27577

2. **FEC IDENTIFICATION NUMBER** C C00501643 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NC 07

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 05 / 06 / 2014 in the State of NC

(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / 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 HEATHER FORD

Signature of Treasurer HEATHER FORD [Electronically Filed] Date 04 / 24 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
DAVID ROUZER 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))....	30776.64	723767.80
(b) Total Contribution Refunds (from Line 20(d))	2900.00	16135.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	27876.64	707632.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	170209.40	484363.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	1514.55	2498.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	168694.85	481865.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	275401.71	
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).....	56247.98	

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

DAVID ROUZER 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).....	13100.00	464715.27
(ii) Unitemized.....	1588.00	31066.00
(iii) TOTAL of contributions from individuals ▶	14688.00	495781.27
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	198725.00
(d) The Candidate.....	1088.64	29261.53
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	30776.64	723767.80
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	4379.71
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	40000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	40000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1514.55	2498.75
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	14050.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	32291.19	784696.26

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	170209.40	484363.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	40000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	40000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2900.00	12935.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3200.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2900.00	16135.00
21. OTHER DISBURSEMENTS	2600.00	12730.31
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	175709.40	553229.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	418819.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32291.19
25. SUBTOTAL (add Line 23 and Line 24).....	451111.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	175709.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	275401.71

**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 40
	<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)
DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GARY T. BENSON

Mailing Address 3836 ELEVATION ROAD

City Benson State NC Zip Code 27504

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

Name of Employer ELEVATION, INC Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.4489

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
E. WADE BYRD

Mailing Address 697 EVERETTE BYRD ROAD

City CLARKTON State NC Zip Code 28433

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period
500.00

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

Mailing Address 2555 ST. JAMES DRIVE, SE
SHIPWATCH #105

City SOUTHPORT State NC Zip Code 28461

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

Name of Employer SM CAVANAUGH CORP Occupation APPRAISER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period
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 6 OF 40
	<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)
DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN F. CHANEY

Mailing Address 305 VISTAMAR DRIVE

City: WILMINGTON State: NC Zip Code: 28405

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

Name of Employer: JOHN F. CHANEY CONSTRUCTION Occupation: CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1050.00

Date of Receipt: 04 / 08 / 2014

Transaction ID : SA11AI.4467

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
ERNEST M DAILEY

Mailing Address 7610 WHITE PLAINS CHURCH ROAD

City: CLARKTON State: NC Zip Code: 28433

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

Name of Employer: SELF EMPLOYED Occupation: FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 15 / 2014

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
HANK W. DANIELS

Mailing Address PO BOX 1333

City: SMITHFIELD State: NC Zip Code: 27577

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

Name of Employer: 95 & 95 INC Occupation: CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 950.00

Date of Receipt: 04 / 11 / 2014

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period: 500.00

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

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

1050.00

**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 40
	<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)
DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TERESA FANN

Mailing Address 1293 TYNDALL BRIDGE ROAD

City State Zip Code
SALEMBURG NC 28385

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

Name of Employer Occupation
FANN FARM FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2014

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period
800.00

B. Full Name (Last, First, Middle Initial)
R. FRANK GRAY

Mailing Address 3805 CASEY LEIGH LANE

City State Zip Code
RALEIGH NC 27612

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

Name of Employer Occupation
JORDAN PRICE LAW ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.4427

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BOBBY G HAM

Mailing Address 90 HAM PRODUCE ROAD

City State Zip Code
SNOW HILL NC 28580

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

Name of Employer Occupation
SELF EMPLOYED - HAM PRODUCE CO., INC FARMER - PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period
1000.00

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

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

2300.00

**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 40
	<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)
DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KENDALL HILL

Mailing Address 2574 HUGO ROAD

City GRIFTON State NC Zip Code 28530

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

Name of Employer TULL HILL FARMS Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period
 2500.00

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

Mailing Address PO BOX 535

City ELIZABETHTOWN State NC Zip Code 28337

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
JAMES H. LANGDON JR

Mailing Address 10176 NC 50 HIGHWAY NORTH

City ANGIER State NC Zip Code 27501

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period
 300.00

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

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

3300.00

**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 9 OF 40
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BYRON P. MASSEY		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2014	
Mailing Address 68 PURPLE MARTIN ROAD		Transaction ID : SA11AI.4498	
City HARRELLS	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 28444			
FEC ID number of contributing federal political committee. C			
Name of Employer HALOSITES	Occupation COMPUTER SOFTWARE		
Receipt For: 2014 <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. WILLIAM A. MCAULAY		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2014	
Mailing Address 210 IVEY GATE LANE		Transaction ID : SA11AI.4542	
City GARNER	State NC	Amount of Each Receipt this Period 500.00	
Zip Code 27529			
FEC ID number of contributing federal political committee. C			
Name of Employer SCANA CORPORATION	Occupation GOVERNMENT AFFAIRS		
Receipt For: 2014 <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) C. DIANE MCDUFFIE		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 276 LAKE SHORE DRIVE		Transaction ID : SA11AI.4490	
City WHITE LAKE	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 28337			
FEC ID number of contributing federal political committee. C			
Name of Employer HILTON REALTY	Occupation REALTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 40
	<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)
DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARRY M. SHAW

Mailing Address **PO BOX 1108**

City **CLINTON** State **NC** Zip Code **28329**

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

Name of Employer **COASTAL CAROLINA PLUMBING** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.4428

Amount of Each Receipt this Period
2600.00

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

Mailing Address **1587 SMYRNA ROAD**

City **WHITEVILLE** State **NC** Zip Code **28433**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RALPH W STANCIL

Mailing Address **587 HOLLY BERRY LANE**

City **SELMA** State **NC** Zip Code **27576**

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

Name of Employer **INTERSTATE OUTDOOR, INC** Occupation **BILLBOARD SALES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.4541

Amount of Each Receipt this Period
500.00

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

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

3350.00

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

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

FOR LINE NUMBER: PAGE 11 OF 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN J. TALBERT III

Mailing Address 1409 COUNTRY CLUB ROAD

City State Zip Code
WILMINGTON NC 28403

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

Name of Employer Occupation
TALBERT & BRIGHT, INC ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 05 2014

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
R. MITCHELL TYLER

Mailing Address PO BOX 222

City State Zip Code
LAKE WACCAMAW NC 28450

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 15 2014

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
GENEVIEVE MEDLIN WOODALL

Mailing Address 413 SOUTH 2ND STREET

City State Zip Code
SMITHFIELD NC 27577

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 06 2014

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period
50.00

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: PAGE 12 OF 40
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES WORLEY JR.

Mailing Address 12067 SWAMP FOX HIGHWAY W

City CERRO GORDO State NC Zip Code 28430

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11Al.4504

Amount of Each Receipt this Period
 _____ 100.00

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).....

_____ 100.00

_____ 13100.00

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

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

FOR LINE NUMBER: PAGE 13 OF 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C0000422**

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 / 16 / 2014

Transaction ID : SA11C.4513

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00007880**

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 / 16 / 2014

Transaction ID : SA11C.4547

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60511

FEC ID number of contributing federal political committee. **C C00030718**

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 / 16 / 2014

Transaction ID : SA11C.4514

Amount of Each Receipt this Period
5000.00

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

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

15000.00

15000.00

**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 14 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVID ROUZER

Mailing Address 108 PEACH ORCHARD DRIVE

City Benson State NC Zip Code 27504

FEC ID number of contributing federal political committee. **C H2NC07096**

Name of Employer THE ROUZER COMPANY Occupation BUSINESS CONSULTANT / PRINCIPAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
69261.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11D.4545

Amount of Each Receipt this Period
1088.64

IN-KIND: MILEAGE

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).....

1088.64

1088.64

**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 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MY CAMPAIGN STORE

Mailing Address **PO BOX 596**

City **JEFFERSONVILLE** State **IN** Zip Code **47131**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1514.55**

Date of Receipt
 / /
04 / 07 / 2014

Transaction ID : SA14.4488

Amount of Each Receipt this Period
 1514.55

REFUND OF 3/7/2014 EXPENDITURE SEE SCHEDULE B LINE 17

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
 / /

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
 / /

Amount of Each Receipt this Period

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

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

1514.55

1514.55

**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 40			
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 8.06
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Transaction ID : SB17.4407
Candidate Name	003 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) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 4.20
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Transaction ID : SB17.4406
Candidate Name	003 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. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 2.25
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Transaction ID : SB17.4477
Candidate Name	003 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).....	14.51
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 40			
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 8.06
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Transaction ID : SB17.4478
Candidate Name	003 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) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 1.27
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Transaction ID : SB17.4479
Candidate Name	003 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. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 2.25
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Transaction ID : SB17.4480
Candidate Name	003 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).....	11.58
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 40			
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.4481
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Category/ Type 003
Candidate Name	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) B. ANEDOT		Date of Disbursement MM / DD / YYYY 04 / 09 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 1.27 Transaction ID : SB17.4482
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Category/ Type 003
Candidate Name	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. ANEDOT		Date of Disbursement MM / DD / YYYY 04 / 11 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.4483
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Category/ Type 003
Candidate Name	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).....	23.32
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 40			
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.4529
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Category/ Type 003
Candidate Name	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) B. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.4530
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Category/ Type 003
Candidate Name	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. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 19.80 Transaction ID : SB17.4531
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Category/ Type 003
Candidate Name	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).....	41.85
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 40			
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address PO BOX 85431		Amount of Each Disbursement this Period 4.20 Transaction ID : SB17.4532
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CREDIT CARD FEE	Category/ Type 003
Candidate Name	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) B. TESSA BELK		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 120-5 SHALLOTTE CROSSING PARKWAY 3		Amount of Each Disbursement this Period 320.00 Transaction ID : SB17.4412
City SHALLOTTE	State NC	
Zip Code 28470	Purpose of Disbursement GOTV	Category/ Type 001
Candidate Name	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. ELECTEKUSA		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4418
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement SOFTWARE	Category/ Type 001
Candidate Name	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).....	1124.20
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 40		
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FIRST CITIZENS BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO BOX 27131		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4396
City RALEIGH	State NC	
Zip Code 27611	Purpose of Disbursement BANK FEE	Category/ Type 004
Candidate Name	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) B. FIRST CITIZENS BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address PO BOX 27131		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4476
City RALEIGH	State NC	
Zip Code 27611	Purpose of Disbursement BANK FEE	Category/ Type 004
Candidate Name	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. TYLER J FOOTE		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 4668 STILL MEADOW DRIVE APARTMENT #112		Amount of Each Disbursement this Period 3670.50 Transaction ID : SB17.4277
City WILMINGTON	State NC	
Zip Code 28412	Purpose of Disbursement SALARY	Category/ Type 001
Candidate Name	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).....	3770.50
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 40	
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TYLER J FOOTE		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address 4668 STILL MEADOW DRIVE APARTMENT #112		Amount of Each Disbursement this Period 3189.38
City WILMINGTON State NC Zip Code 28412	Purpose of Disbursement REIMBURSEMENT MILEAGE, POSTAGE, HOTEL, FOOD/BEVERAGE Category/Type 001	
Candidate Name	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)	Transaction ID : SB17.4415
State: District:		

Full Name (Last, First, Middle Initial) B. HARPER POLLING, LLC		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address 121 STATE STREET		Amount of Each Disbursement this Period 2611.00
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement POLLING Category/Type 005	
Candidate Name	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)	Transaction ID : SB17.4419
State: District:		

Full Name (Last, First, Middle Initial) C. INTERNAL REVENUE SERVICE		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address PO BOX 804521		Amount of Each Disbursement this Period 2996.00
City CINCINNATI State OH Zip Code 45280	Purpose of Disbursement TAXES Category/Type 001	
Candidate Name	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)	Transaction ID : SB17.4386
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8796.38
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 23 OF 40	
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHAUNCEY E LAMBETH			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 824 ST. ANDREW DRIVE APARTMENT Q			Amount of Each Disbursement this Period 2705.25	
City WILMINGTON	State NC	Zip Code 28412	Transaction ID : SB17.4278	
Purpose of Disbursement SALARY		Category/ Type 001		
Candidate Name				
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) B. CHAUNCEY E LAMBETH			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 824 ST. ANDREW DRIVE APARTMENT Q			Amount of Each Disbursement this Period 607.84	
City WILMINGTON	State NC	Zip Code 28412	Transaction ID : SB17.4416	
Purpose of Disbursement REIMBURSEMENT MILEAGE		Category/ Type 001		
Candidate Name				
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. LN CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 121 STATE STREET			Amount of Each Disbursement this Period 8000.00	
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : SB17.4420	
Purpose of Disbursement CAMPAIGN CONSULTING/RESEARCH CONSULTING		Category/ Type 001		
Candidate Name				
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)	11313.09
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 24 OF 40			
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAJORITY CONNECTIONS, LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 10 PINNACLE ROAD			Amount of Each Disbursement this Period 3462.97	
City DURHAM	State NC	Zip Code 27705	Transaction ID : SB17.4421	
Purpose of Disbursement MEDIA CONSULTING/ADVERTISING-INTERNET		Category/ Type 004		
Candidate Name				
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) B. JACOB MOZENA			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 426 ROUNE DRIVE APARTMENT 204			Amount of Each Disbursement this Period 650.00	
City WILMINGTON	State NC	Zip Code 28403	Transaction ID : SB17.4408	
Purpose of Disbursement GOTV		Category/ Type 001		
Candidate Name				
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. NC DEPARTMENT OF COMMERCE DIVISION OF EMPLOYMENT SECURITY			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014	
Mailing Address PO BOX 26504			Amount of Each Disbursement this Period 354.00	
City RALEIGH	State NC	Zip Code 27611	Transaction ID : SB17.4475	
Purpose of Disbursement TAXES		Category/ Type 001		
Candidate Name				
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).....	4466.97
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 25 OF 40	
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NORTH CAROLINA DEPARTMENT OF REVENUE			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 501 N. WILMINGTON STREET			Amount of Each Disbursement this Period 530.00 Transaction ID : SB17.4385
City RALEIGH	State NC	Zip Code 27604	
Purpose of Disbursement TAXES		Category/ Type 001	
Candidate Name			
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) B. JAMES NORTHROP			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 601 S. COLLEGE ROAD CB #24606			Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.4409
City WILMINGTON	State NC	Zip Code 28403	
Purpose of Disbursement GOTV		Category/ Type 001	
Candidate Name			
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. O3 STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO BOX 25363			Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4380
City RALEIGH	State NC	Zip Code 27611	
Purpose of Disbursement WEBSITE SERVICES		Category/ Type 004	
Candidate Name			
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)	1230.00
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 26 OF 40	
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ONMESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 705 MELVIN AVENUE #105		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.4422
City ANNAPOLIS State MD Zip Code 21401	Purpose of Disbursement MEDIA CONSULTING 004 Category/Type	
Candidate Name	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) B. ONMESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 705 MELVIN AVENUE #105		Amount of Each Disbursement this Period 28984.00 Transaction ID : SB17.4472
City ANNAPOLIS State MD Zip Code 21401	Purpose of Disbursement ADVERTISING-TV 004 Category/Type	
Candidate Name	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. ONMESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 705 MELVIN AVENUE #105		Amount of Each Disbursement this Period 33983.40 Transaction ID : SB17.4535
City ANNAPOLIS State MD Zip Code 21401	Purpose of Disbursement ADVERTISING-TV/RADIO 004 Category/Type	
Candidate Name	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).....	72967.40
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 27 OF 40	
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OORBEEK MOREHOUSE STRATEGIES, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 412 SOUTH CAPITOL STREET, SE SUITE B		Amount of Each Disbursement this Period 8938.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 003	
Candidate Name		Transaction ID : SB17.4423
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) B. AMANDA PRICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1900 S. NC 111 HIGHWAY		Amount of Each Disbursement this Period 550.00
City CHINQUAPIN State NC Zip Code 28521	Purpose of Disbursement GOTV Category/Type 001	
Candidate Name		Transaction ID : SB17.4410
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. RIVER LANDING		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 111 RIVER VILLAGE PLACE		Amount of Each Disbursement this Period 6473.77
City WALLACE State NC Zip Code 28466	Purpose of Disbursement FOOD/BEVERAGE Category/Type 003	
Candidate Name		Transaction ID : SB17.4424
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).....	15961.77
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 28 OF 40	
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID ROUZER		Date of Disbursement MM / DD / YYYY 04 / 16 / 2014
Mailing Address 108 PEACH ORCHARD DRIVE		Amount of Each Disbursement this Period 1088.64 Transaction ID : SB17.4546
City BENSON State NC Zip Code 27504	Purpose of Disbursement IN-KIND: MILEAGE	
Candidate Name DAVID ROUZER	Category/Type	
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)	
State: NC District: 07		

Full Name (Last, First, Middle Initial) B. JEREMY SALLEE		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address 4169 HEARTHSIDE DRIVE APARTMENT 207		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.4411
City WILMINGTON State NC Zip Code 28412	Purpose of Disbursement GOTV	
Candidate Name	Category/Type 001	
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. ELIZABETH R SEIDEL		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 4520 STILL MEADOW DRIVE UNIT 101		Amount of Each Disbursement this Period 1939.75 Transaction ID : SB17.4279
City WILMINGTON State NC Zip Code 28412	Purpose of Disbursement SALARY	
Candidate Name	Category/Type 001	
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).....	3578.39
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 29 OF 40			
	<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)
DAVID ROUZER FOR CONGRESS

A. TABLE TOPPERS

Full Name (Last, First, Middle Initial)
Mailing Address 1110 WEST BROAD STREET

City DUNN State NC Zip Code 28334

Purpose of Disbursement FUNDRAISER - RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 13 / 2014

Amount of Each Disbursement this Period: 643.06

Transaction ID : SB17.4528

Category/Type: 003

B. THE FORD FIRM, PLLC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 701

City CLAYTON State NC Zip Code 27528

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 03 / 2014

Amount of Each Disbursement this Period: 806.25

Transaction ID : SB17.4382

Category/Type: 001

C. LOGAN TURNER

Full Name (Last, First, Middle Initial)
Mailing Address 4702 ALLIGATOR ROAD

City ASH State NC Zip Code 28420

Purpose of Disbursement GOTV

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 07 / 2014

Amount of Each Disbursement this Period: 320.00

Transaction ID : SB17.4413

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 1769.31

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 30 OF 40	
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 201 NORTH 3RD STREET		Amount of Each Disbursement this Period 49.00
City SMITHFIELD	State NC	
Zip Code 27577	Purpose of Disbursement POSTAGE	Transaction ID : SB17.4473
Candidate Name	001 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) B. ELECTEKUSA		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 800.00
City CHAGRIN FALLS	State OH	
Zip Code 44023	Purpose of Disbursement SOFTWARE	Transaction ID : SB17.4387
Candidate Name	001 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. IMPACT STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO BOX 18165		Amount of Each Disbursement this Period 3000.00
City RALEIGH	State NC	
Zip Code 27619	Purpose of Disbursement CAMPAIGN CONSULTING	Transaction ID : SB17.4389
Candidate Name	001 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).....	3849.00
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 31 OF 40	
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHAUNCEY E LAMBETH			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 824 ST. ANDREW DRIVE APARTMENT Q			Amount of Each Disbursement this Period 624.40	
City WILMINGTON	State NC	Zip Code 28412	Transaction ID : SB17.4390	
Purpose of Disbursement REIMBURSEMENT MILEAGE		Category/ Type 001		
Candidate Name				
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) B. LN CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 121 STATE STREET			Amount of Each Disbursement this Period 5000.00	
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : SB17.4391	
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type 001		
Candidate Name				
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. MAJORITY CONNECTIONS, LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 10 PINNACLE ROAD			Amount of Each Disbursement this Period 3152.97	
City DURHAM	State NC	Zip Code 27705	Transaction ID : SB17.4392	
Purpose of Disbursement MEDIA CONSULTING/ADVERTISING-INTERNET		Category/ Type 004		
Candidate Name				
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).....	8777.37
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 32 OF 40		
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ONMESSAGE INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 705 MELVIN AVENUE #105		Amount of Each Disbursement this Period 28984.00
City ANNAPOLIS State MD Zip Code 21401	Purpose of Disbursement ADVERTISING-TV 004 Category/Type	
Candidate Name		Transaction ID : SB17.4379
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) B. PC SIGNS & GRAPHICS		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 180 HEIN DRIVE		Amount of Each Disbursement this Period 312.00
City GARNER State NC Zip Code 27529	Purpose of Disbursement SIGNS 004 Category/Type	
Candidate Name		Transaction ID : SB17.4548
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. THE FORD FIRM, PLLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address PO BOX 701		Amount of Each Disbursement this Period 887.50
City CLAYTON State NC Zip Code 27528	Purpose of Disbursement COMPLIANCE CONSULTING 001 Category/Type	
Candidate Name		Transaction ID : SB17.4388
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).....	30183.50
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 33 OF 40		
	<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)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SARAH WATERS		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 3017 MAYVIEW ROAD		Amount of Each Disbursement this Period 2000.00
City RALEIGH State NC Zip Code 27607	Purpose of Disbursement FUNDRAISING CONSULTING Category/Type 003	
Candidate Name		Transaction ID : SB17.4393
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) 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 <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 Category/Type	
Candidate Name		
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).....	2000.00
TOTAL This Period (last page this line number only).....	169879.14

**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 34 OF 40	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID ROUZER		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address 108 PEACH ORCHARD DRIVE		Amount of Each Disbursement this Period 2900.00 Transaction ID : SB20A.4471
City BENSON State NC Zip Code 27504	Purpose of Disbursement REFUND OF 9/30/2014 CONTRIBUTION SEE SCHEDULE A LINE 11(D) Category/Type 010	
Candidate Name DAVID ROUZER	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: 07		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
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 <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 MM / DD / YYYY
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 <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).....	2900.00
TOTAL This Period (last page this line number only).....	2900.00

**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 35 OF 40	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DAVID ROUZER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GREATER WILMINGTON SPORTS HALL OF FAME		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 2710 MARKET STREET		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB21.4470
City WILMINGTON	State NC	
Zip Code 28403	Purpose of Disbursement DONATION	Category/ Type 012
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. PENDER REC		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address PO BOX 131		Amount of Each Disbursement this Period 100.00 Transaction ID : SB21.4544
City HAMPSTEAD	State NC	
Zip Code 28443	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type 011
Candidate Name PENDER REC	Office Sought: <input 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: 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 <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).....	2600.00
TOTAL This Period (last page this line number only).....	2600.00

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)

DAVID ROUZER FOR CONGRESS

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

Nature of Debt (Purpose):
SOFTWARE

Mailing Address PO BOX 23715

City State Zip Code
CHAGRIN FALLS OH 44023

Outstanding Balance Beginning This Period

Transaction ID : SD10.7

800.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

800.00

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE FORD FIRM, PLLC

Nature of Debt (Purpose):
COMPLIANCE CONSULTING

Mailing Address PO BOX 701

City State Zip Code
CLAYTON NC 27528

Outstanding Balance Beginning This Period

Transaction ID : SD10.8

887.50

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

887.50

0.00

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

Nature of Debt (Purpose):
CAMPAIGN CONSULTING

Mailing Address PO BOX 18165

City State Zip Code
RALEIGH NC 27619

Outstanding Balance Beginning This Period

Transaction ID : SD10.9

3000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

3000.00

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

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

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CHAUNCEY E LAMBETH

Mailing Address 824 ST. ANDREW DRIVE
APARTMENT Q

City State Zip Code
WILMINGTON NC 28412

Nature of Debt (Purpose):
REIMBURSEMENT MILEAGE

Outstanding Balance Beginning This Period		Transaction ID : SD10.10	
<input type="text" value="624.40"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="624.40"/>	<input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
LN CONSULTING

Mailing Address 121 STATE STREET

City State Zip Code
HARRISBURG PA 17101

Nature of Debt (Purpose):
CAMPAIGN CONSULTING

Outstanding Balance Beginning This Period		Transaction ID : SD10.11	
<input type="text" value="5000.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="5000.00"/>	<input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MAJORITY CONNECTIONS, LLC

Mailing Address 10 PINNACLE ROAD

City State Zip Code
DURHAM NC 27705

Nature of Debt (Purpose):
MEDIA CONSULTING/ADVERTISING-INTERNET

Outstanding Balance Beginning This Period		Transaction ID : SD10.12	
<input type="text" value="3152.97"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="3152.97"/>	<input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
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

(Use separate schedule(s) for each numbered line)	PAGE 38 OF 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ONMESSAGE INC.	Nature of Debt (Purpose): ADVERTISING-TV
Mailing Address 705 MELVIN AVENUE #105	
City State Zip Code ANNAPOLIS MD 21401	

Outstanding Balance Beginning This Period 28984.00	Transaction ID : SD10.13	
Amount Incurred This Period 0.00	Payment This Period 28984.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SARAH WATERS	Nature of Debt (Purpose): FUNDRAISING CONSULTING
Mailing Address 3017 MAYVIEW ROAD	
City State Zip Code RALEIGH NC 27607	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.14	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PC SIGNS & GRAPHICS	Nature of Debt (Purpose): SIGNS
Mailing Address 180 HEIN DRIVE	
City State Zip Code GARNER NC 27529	

Outstanding Balance Beginning This Period 312.00	Transaction ID : SD10.15	
Amount Incurred This Period 0.00	Payment This Period 312.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
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

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CANDIDATE COMMAND, LLC	Nature of Debt (Purpose): PRINTING
Mailing Address 1420 NW VIVION SUITE 113	
City State Zip Code KANSAS CITY MO 64118	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.17	
Amount Incurred This Period 21530.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 21530.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPITAL CITY MAIL SERVICE	Nature of Debt (Purpose): PRINTING
Mailing Address 2660-124 DISCOVERY DRIVE	
City State Zip Code RALEIGH NC 27616	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.18	
Amount Incurred This Period 1064.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1064.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LAUREN KEISER	Nature of Debt (Purpose): GOTV
Mailing Address 136 MANCHESTER TRAIL	
City State Zip Code CLAYTON NC 27527	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.19	
Amount Incurred This Period 480.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 480.00

1) SUBTOTALS This Period This Page (optional)	23074.00
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)
DAVID ROUZER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor METRO MAILING AND PRINTING	Nature of Debt (Purpose): PRINTING/POSTAGE
Mailing Address 109 WINONA STREET	
City State Zip Code CHARLOTTE NC 28203	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.20	
Amount Incurred This Period 3015.57	Payment This Period 0.00	Outstanding Balance at Close of This Period 3015.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ONMESSAGE INC.	Nature of Debt (Purpose): ADVERTISING-TV
Mailing Address 705 MELVIN AVENUE #105	
City State Zip Code ANNAPOLIS MD 21401	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.21	
Amount Incurred This Period 29528.41	Payment This Period 0.00	Outstanding Balance at Close of This Period 29528.41

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARKEECE YOUNG	Nature of Debt (Purpose): GOTV
Mailing Address 1830 BARBER MILL ROAD	
City State Zip Code CLAYTON NC 27520	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.22	
Amount Incurred This Period 630.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 630.00

1) SUBTOTALS This Period This Page (optional)	33173.98
2) TOTALS This Period (last page this line number only)	56247.98
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) ▶	56247.98