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

Paul Coble for Congress

| \| | | | | | | | | | | | | | | | |  |
| :---: | :---: |

$\square$

ADDRESS (number and street)

- Check if different than previously reported. (ACC)



2. FEC IDENTIFICATION NUMBER
C 000499541

| CITY $^{\boldsymbol{\wedge}}$ |  |  | STATE |  |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
| 3.IS THIS <br> REPORT | $\times$ | NEW <br> (N) | OR | $\square$ | | AMENDED |
| :--- |
| (A) |

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)
$\square$
Termination Report (TER)
(b) 12-Day PRE-Election Report for the:

| $\square$ | Primary (12P) | $\square$ | General (12G) | $\square$ |
| :--- | :--- | :--- | :--- | :--- | Runoff (12R)

Election on

in the State of $\square$
(c) 30-Day POST-Election Report for the:

General (30G)
Runoff (30R)
Special (30S)

Election on

in the State of

5. Covering Period

through


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 Ray Donavon Munford Jr.

Signature of Treasurer
Ray Donavon Munford Jr.
[Electronically Filed]
Date


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

|  | Office <br> Use <br> Only |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |



|  | COLUMN A This Period | COLUMN B <br> Election Cycle-to-Date |
| :---: | :---: | :---: |
| 6. Net Contributions (other than loans) |  |  |
| (a) Total Contributions (other than loans) (from Line 11(e)) .... | , 38378.76 | , 267506.85 |
| (b) Total Contribution Refunds <br> (from Line 20(d)) | 0.00 | 450.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...... | , 38378.76 | , 267056.85 |

7. Net Operating Expenditures
(a) Total Operating Expenditures (from Line 17) $\qquad$


|  | 259176.39 |
| :---: | :---: |
|  | 0.00 |
|  | 259176.39 |

8. Cash on Hand at Close of Reporting Period (from Line 27). $\qquad$
$\square 0.00$
$0,0.00$
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

POST-ELECTION DETAILED SUMMARY PAGE
Report of Receipts and Disbursements
PAGE 3 / 50
FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

## Write or Type Committee Name

## Paul Coble for Congress

| Report Covering the Period: | From: | 04 |  | $19$ | $2012$ | To: | $06$ | 1 |  |  | 2012 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

## I. RECEIPTS

> COLUMN A Total this Period
11. CONTRIBUTIONS
(other than loans) FROM:
(a) Individuals/Persons Other than Political Committees
(i) Itemized (use Schedule A)
COLUMN A
Total this Period To: 06 30 2012

五

$\square 2477.00$
(ii) Unitemized
4375.00
1050.00

COLUMN C Total for

(date after general election)
through

(last day of reporting period)
(iii) Total of contributions from individuals
34878.76
$\square 252481.76$
13527.00
(b) Political Party Committees
$\square$
0.00
0.00
(c) Other Political Committees


FEC Form 3 (Revised 1/01)

COLUMN B
Election Cycle Total as of * (date of general election) (* See page 5 for date)

## COLUMN C

Total for * (date after general election)
through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate

$\square 0.00$
0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))
38378.76
267506.85
3527.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES
0.00
0.00
$\square 0.00$
13. LOANS:
(a) Made or Guaranteed by the Candidate
0.00
1941.19
0.00
(b) All Other Loans
700.00
0.00
$\square 700.00$
(c) TOTAL LOANS (add Lines 13(a) and (b))

700.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)
0.00
0.00
0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)

200.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)
$\square$

4427.00

POST-ELECTION DETAILED SUMMARY PAGE
Report of Receipts and Disbursements
FEC Form 3 (Revised 1/01)

## Write or Type Committee Name <br> Paul Coble for Congress


To



2012

## II. DISBURSEMENTS

COLUMN A Total this Period
COLUMN A
Total this Period

## COLUMN C

Total for * (date after general election) through * (last day of reporting period)
(* See page 5 for dates)
17. OPERATING EXPENDITURES
47512.93
$\square 259176.39$
12007.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES
0.00
0.00
0.00
19. LOAN REPAYMENTS:
(a) Of Loans Made or Guaranteed by the Candidate
1941.19
0.00
1941.19
(b) Of All Other Loans
300.00
0.00
300.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))
2241.19
0.00
2241.19
20. REFUNDS OF CONTRIBUTIONS TO:
(a) Individuals/Persons Other Than Political Committees
0.00
$\square 450.00$
00.00
(b) Political Party Committees
0.00
0.00
0.00

FEC Form 3 (Revised 1/01)

## COLUMN A

Total this Period

## COLUMN C

Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(c) Other Political Committees (such as PACs)
0.00
0.00
$0,0.00$
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))
0.00
450.00
0.00
21. OTHER DISBURSEMENTS
0.00
0.00
0,00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)
$\square$
259626.39

## III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line \#6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))
38378.76

## IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line \#7 of Summary Page for this report only; subtract Line 14 from Line 17)

12007.46

## V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD

|  | 10475.36 |
| :---: | :---: |
|  | 39278.76 |
|  | 49754.12 |
|  | 49754.12 |
|  | 0.00 |

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: $\quad$ PAGE 7 OF 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress

## Full Name (Last, First, Middle Initial)



## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)
A. Bonnie Cerwin

Mailing Address 2501 Lewis Farm Road

| City | State | Zip Code |
| :--- | :---: | :---: |
| Raleigh | NC | 27608 |

FEC ID number of contributing federal political committee.

Date of Receipt


Transaction ID : SA11AI. 5687

Amount of Each Receipt this Period
2000.00

Contribution

Date of Receipt

| M 04 | $\begin{array}{r} D \quad D \\ 25 \end{array}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5935

Amount of Each Receipt this Period

Contribution

Date of Receipt

| M 05 | 1 | 01 | , | $2012$ |
| :---: | :---: | :---: | :---: | :---: |

Transaction ID : SA11AI. 5779

Amount of Each Receipt this Period
$\square, 300.00$

Contribution

SUBTOTAL of Receipts This Page (optional).

TOTAL This Period (last page this line number only)
2400.00

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: $\quad$ PAGE 11 OF 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


## 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 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


## 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 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)
A. $\frac{\text { Philip Isley }}{\text { Mailing Address } 3400 \text { Coleridge Drive }}$


FEC ID number of contributing
C
Date of Receipt

FEC ID number of contributing


| Name of Employer <br> NC General Assembly | Occupation <br> Legislative Assistant |
| :--- | :--- |
| Receipt For: 2012 |  |
| $X$ General | Election Cycle-to-Date |
| Othery (specify) |  |

Transaction ID : SA11AI. 5666

Amount of Each Receipt this Period


Contribution

Full Name (Last, First, Middle Initial)


Date of Receipt

| ${ }^{\text {M }} 05$ | D 07 | $\begin{gathered} Y \quad Y \\ 2012 \end{gathered}$ |
| :---: | :---: | :---: |

Transaction ID : SA11AI. 5820

Amount of Each Receipt this Period
$\square, 100.00$

Contribution

SUBTOTAL of Receipts This Page (optional)


TOTAL This Period (last page this line number only) $\qquad$

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS



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name of committee (in Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)

| Full Name (Last, First, Middle Initial) Kenneth Peeples |  |
| :---: | :---: |
| Mailing Address 4305 Newington Hills Way |  |
| City State Zip Code <br>  NC 27513 | Transaction ID : SA11AI. 5812 |
| FEC ID number of contributing federal political committee. | Amount of Each Receipt this Period |
| Name of Employer Occupation <br> Bulldog 3 Investments Owner | Contribution |
| Receipt For: 2012Primary <br> Other (specify) |  |
| Full Name (Last, First, Middle Initial) Rebecca Peters | Date of Receipt |
| Mailing Address 6537 Wakefalls Drive |  |
| City State Zip Code <br> Wake Forest NC 27587 | Transaction ID : SA11AI. 5692 |
| FEC ID number of contributing federal political committee. | Amount of Each Receipt this Period |
| Name of Employer Occupation <br> Home Maker Home Maker | Contributino |
| Receipt For: 2012$\searrow$Primary <br> Other (specify) |  |
|  | Date of Receipt |
| C. $\frac{\text { Greg Poole Jr. }}{\text { Mailing Address PO Box } 469}$ |  |
| City State Zip Code <br> Raleigh NC 27602 | Transaction ID : SA11AI. 5722 |
| FEC ID number of contributing federal political committee. | Amount of Each Receipt this Period |
| Name of Employer Occupation <br> Retired Retired | Contribution , $\quad 250.00$ |
| Receipt For: 2012 <br> $X$ <br> Primary <br> Other (specify) General | Contribution |
| SUBTOTAL of Receipts This Page (optional) ........................................................................ | $\square, 3000.00$ |
| TOTAL This Period (last page this line number only)...................................................... |  |

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS



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name of committee (in Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


FEC ID number of contributing
C $\ldots, \ldots$,

| Name of Employer <br> Trademark Properties | Occupation <br> Real Estate |
| :--- | :--- |
| Receipt For: 2012 $\quad \square$ General | Election Cycle-to-Date |
| $X$ PrimaryOther (specify) |  |

Amount of Each Receipt this Period
$\square 551.76$ In-kind -

| Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Laura Riddick | Date of Receipt |

c. Laura Riddick

| Mailing Address 1920 Stannard Trail |  |  |
| :--- | :---: | :---: |
| City | State | Zip Code |
| Raleigh | NC | 27612 |
| FEC ID number of contributing | C |  |
| federal political committee. |  |  |


| M 04 | , | 19 |  | $2012$ |
| :---: | :---: | :---: | :---: | :---: |

Transaction ID : SA11AI. 5672

Amount of Each Receipt this Period

| Name of Employer <br> Wake County | Occupation <br> Register of Deeds |
| :--- | :--- |
| Receipt For: 2012 $\quad \square$ General | Election Cycle-to-Date |
| Primary <br> Other (specify) |  |

500.00

## Contribution

[^0]

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS



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name of committee (in Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: $\quad$ PAGE 21 OF 50 (check only one)


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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS



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name of committee (in Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION
A


Transaction ID : SA11C. 5700

Amount of Each Receipt this Period

| City <br> MCLEAN | State Zip Code <br> VA 22102 |  |  |
| :---: | :---: | :---: | :---: |
| FEC ID number of contributing federal political committee. | C | 998 |  |
| Name of Employer | Occupa |  |  |
|  | Electio | -to-Date | $2500.00$ |

$\square 2500.00$
Contribution

## Full Name (Last, First, Middle Initial)

B.

REGIONS FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE

| Mailing Address 1015 15TH STREET NW SUITE 920 |  |
| :---: | :---: |
| City | State Zip Code |
| WASHINGTON | DC 20005 |
| FEC ID number of contributing federal political committee. | C C00432252 |
| Name of Employer | Occupation |
| Receipt For: 2012 | Election Cycle-to-Date |
| Other (specify) | 1000.00 |

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


Date of Receipt
M M , D D , 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)

|  | 3500.00 |
| :--- | :--- |
|  | ,$\quad 3500.00$ |

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS



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name of committee (In Full)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)


##  - <br> Form/Schedule: SA13B <br> Transaction ID : SA13B. 5906

(A previous settlement amount of 300.00 has been rescinded)

Form/Schedule: SA13B
Transaction ID: SA13B.5904
(Current loan amount of 400.00 from a balance of 400.00 has been forgiven)

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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


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Full Name (Last, First, Middle Initial)


Full Name (Last, First, Middle Initial)
B. BB\&T Bank


## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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


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name of committee (In Full)
Paul Coble for Congress


## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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


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.


Full Name (Last, First, Middle Initial)

Full Name (Last, First, Middle Initial)
B. Grass Roots Targeting


## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: $\quad$ PAGE 28 OF 50 (check only one)


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Full Name (Last, First, Middle Initial)


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


## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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


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)
Paul Coble for Congress
Full Name (Last, First, Middle Initial)
A. Metro Productions, Inc.


Date of Disbursement


Amount of Each Disbursement this Period

$$
3994.09
$$

Transaction ID : SB17.5867

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


## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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


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Full Name (Last, First, Middle Initial)
A. OnMessage Inc.


Date of Disbursement


Amount of Each Disbursement this Period

$$
1454.00
$$

Transaction ID : SB17.5642

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


## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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


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.


Full Name (Last, First, Middle Initial)


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


## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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


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.


Full Name (Last, First, Middle Initial)


Full Name (Last, First, Middle Initial)
B. Targeted Creative Communications, Inc.

| Mailing Address 106 S. Columbia Street |  |  |  |
| :---: | :---: | :---: | :---: |
| City |  | State Zip Code |  |
| Alexandria |  | VA 22314 |  |
| Purpose of Disbursement <br> Mrs. Helms Letter Production and Mailing |  |  | 004 |
| Candidate Nam |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Full Name (Last, First, Middle Initial)
c. Targeted Creative Communications, Inc.


Date of Disbursement


Amount of Each Disbursement this Period

Transaction ID : SB17.5860

$$
500.00
$$



Date of Disbursement


Amount of Each Disbursement this Period 5080.00

Transaction ID : SB17.5707

Date of Disbursement

| $\begin{gathered} M \\ 04 \end{gathered}$ | , | $\begin{aligned} & \mathrm{D} \\ & 30 \end{aligned}$ | , | $2012$ |
| :---: | :---: | :---: | :---: | :---: |

Amount of Each Disbursement this Period $\square, 805.00$
Transaction ID : SB17.5787

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


|  |  |
| :---: | :---: |
|  | 6385.00 |

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: $\quad$ PAGE 33 OF 50 (check only one)


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) <br> Paul Coble for Congress

Full Name (Last, First, Middle Initial)

| Full Name (Last, First, Middle Initial) <br> A. Targeted Creative Communications, Inc. |  |  |  |
| :---: | :---: | :---: | :---: |
| Mailing Address 106 S. Columbia Street |  |  |  |
| City <br> Alexandria |  | State Zip Code <br> VA 22314 |  |
| Purpose of Disbursement Printing and Postage for 'Duck' flyer |  |  | 004 |
| Candidate Name |  |  | Category/ Type |
| Office Sought: <br> State: | House <br> Senate President District: |  |  |

Full Name (Last, First, Middle Initial)
B. Targeted Creative Communications, Inc.


## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: $\quad$ PAGE 34 OF 50 (check only one)


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Full Name (Last, First, Middle Initial)


Date of Disbursement


Amount of Each Disbursement this Period 68.85

Transaction ID : SB19A. 5922

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


## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: $\quad$ PAGE 35 OF 50 (check only one)


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Full Name (Last, First, Middle Initial)


Date of Disbursement


Amount of Each Disbursement this Period 48.87

Transaction ID : SB19A. 5925

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


## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: $\quad$ PAGE 36 OF 50 (check only one)


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Full Name (Last, First, Middle Initial)


Date of Disbursement


Amount of Each Disbursement this Period 217.25

Transaction ID : SB19A. 5930

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


## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS



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.
$\sum$ name of committee (In Full)
Full Name (Last, First, Middle Initial)
A. Mr. Ray Donavon Munford Jr.

| Mailing Address PO Box 17295 |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| City <br> Raleigh <br> Purpose of Disbursement Loan Repayment |  |  |  | State Zip Code <br> NC 27619 |  |  |
|  |  |  |  |  |  |  |
| Candidate Name <br> Paul Coble for Congress |  |  |  |  |  | Category/ Type |
| Office Sought: XHouse <br> Senate <br>  President <br> Statrict: 13 |  |  |  |  |  |  |


| State: $\mathrm{NC} \quad$ District: 13 |  |  |
| :--- | :--- | :--- |
| Full Name (Last, First, Middle Initial) |  |  |

B.

| Mailing Address |  |  |  |
| :---: | :---: | :---: | :---: |
| $\overline{\text { City }}$ |  | State Zip Code |  |
| Purpose of Disbursement |  |  |  |
| Candidate Name |  |  | Category/ Type |
| Office Sought: |  House <br> Senate <br> $\square$ President | Disbursement For:$\quad \square$Primary $\quad \square$ General <br> $\square$ Other (specify) |  |

Date of Disbursement
C.


## Dat Disbursement

M M
D D


Amount of Each Disbursement this Period
$\square$
Date of Disbursement


Amount of Each Disbursement this Period

$$
300.00
$$

Transaction ID : SB19B. 5941

Amount of Each Disbursement this Period姩

|  | 300.00 |
| :--- | :--- | :--- |
|  | ,$\quad 300.00$ |

## SCHEDULE C (FEC Form 3) LOANS

|  | PAGE 38 | OF | 50 |
| :---: | :---: | :---: | :---: |
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) |  |  |

NAME OF COMMITTEE (In Full)
Transaction ID : SC/10.4548
Paul Coble for Congress


## TERMS



List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Mailing Address |  |
| City |  |
| 2. Full Name (Last, First, Middle Initial) |  |
| Mailing Address |  |
| City | State Code |


| 3. Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Mailing Address |  |
|  |  |
| City State ZIP Code |  |
|  |  |
|  |  |

Name of Employer

Occupation

Amount
Guaranteed Outstanding: $\square$
4. Full Name (Last, First, Middle Initial)

| Name of Employer |
| :--- |
| Occupation |
| Amount <br> Guaranteed <br> Outstanding: |


| SUBTOTALS This Period This Page (optional)............................................................ |
| :--- | :--- | :--- |
| TOTALS This Period (last page in this line only)................................................................. |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |

## SCHEDULE C (FEC Form 3) LOANS

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

| PAGE 39 | OF | 50 |
| :---: | :---: | :---: |
| FOR LINE NUMBER: (check only one) | $\times$ | 13a |
|  |  | 13b |

NAME OF COMMITTEE (In Full)
Transaction ID : SC/10.4551
Paul Coble for Congress


List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) $\quad$ Name of Employer

| Mailing Address |  |
| :--- | :--- |
| City |  |
| 2. Full Name (Last, First, Middle Initial) |  |
| Mailing Address |  |
| City | State |
|  |  |


| Occupation |
| :--- |
| Amount |
| Guaranteed |
| Outstanding: |


| Name of Employer |
| :--- |
| Occupation |
| Amount <br> Guaranteed <br> Outstanding: |
| Name of Employer |
| Occupation |
| Amount <br> Guaranteed <br> Outstanding: |
| Name of Employer |
| Occupation |
| Amount |
| Guaranteed |
| Outstanding: |



## SCHEDULE C (FEC Form 3) LOANS

|  |  | PAGE 40 | OF | 50 |
| :--- | :--- | :--- | :--- | :--- |
| Use separate schedule(s) <br> for each category of the <br> Detailed Summary Page | FOR LINE NUMBER: <br> (check only one) |  | $X$ |  |
|  |  |  | 13 a |  |

NAME OF COMMITTEE (In Full)
Transaction ID : SC/10.4550
Paul Coble for Congress


List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Mailing Address |  |
| City |  |
| 2. Full Name (Last, First, Middle Initial) |  |
| Mailing Address |  |
| City | State |


| 3. Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Mailing Address |  |
|  |  |
| City State ZIP Code |  |
|  |  |

Name of Employer
Occupation

Amount
Guaranteed Outstanding: $\square$,
4. Full Name (Last, First, Middle Initial)

| Name of Employer |
| :--- |
| Occupation |
| Amount |
| Guaranteed |
| Outstanding: |


| SUBTOTALS This Period This Page (optional)............................................................ |
| :--- | :--- | :--- |
| TOTALS This Period (last page in this line only)................................................................. |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |

## SCHEDULE C (FEC Form 3) LOANS

|  |  | PAGE 41 | OF |
| :--- | :--- | :--- | :--- |
| Use separate schedule(s) <br> for each category of the <br> Detailed Summary Page | FOR LINE NUMBER: <br> (check only one) |  |  |

NAME OF COMMITTEE (In Full)
Transaction ID : SC/10.4824
Paul Coble for Congress


List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Mailing Address |  |
| City |  |
| 2. Full Name (Last, First, Middle Initial) |  |
| Mailing Address |  |
| City | State |


| 3. Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Mailing Address |  |
| City State ZIP Code |  |

Name of Employer

Occupation

Amount
Guaranteed Outstanding: $\square$,
4. Full Name (Last, First, Middle Initial)

| Name of Employer |
| :--- |
| Occupation |
| Amount <br> Guaranteed <br> Outstanding: |


| SUBTOTALS This Period This Page (optional)............................................................ |
| :--- | :--- | :--- |
| TOTALS This Period (last page in this line only)................................................................. |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |

## SCHEDULE C (FEC Form 3) LOANS

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

| PAGE 42 | OF | 50 |
| :---: | :---: | :---: |
| FOR LINE NUMBER: (check only one) | X | 13a |
|  |  | 13b |

## NAME OF COMMITTEE (In Full) <br> Paul Coble for Congress

Transaction ID : SC/10.5398


## TERMS



List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) $\quad$ Name of Employer

| Mailing Address |  |
| :--- | :--- |
| City |  |
| 2. Full Name (Last, First, Middle Initial) |  |
| Mailing Address |  |
| City | State |
|  |  |

Occupation

Amount
Guaranteed
Outstanding: $\square$,
Name of Employe

Occupation

Amount
Guaranteed
Outstanding: $\square \square, \square, \square$
3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address
Occupation

Amount
Guaranteed
Outstanding: $\square$,
4. Full Name (Last, First, Middle Initial)

Name of Employer

Occupation

Amount
Guaranteed
Outstanding:

| SUBTOTALS This Period This Page (optional)............................................................ |
| :--- | :--- | :--- |
| TOTALS This Period (last page in this line only)................................................................. |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |

## SCHEDULE C (FEC Form 3) LOANS

|  |  | PAGE 43 | OF | 50 |
| :--- | :--- | :--- | :--- | :--- |
| Use separate schedule(s) <br> for each category of the <br> Detailed Summary Page | FOR LINE NUMBER: <br> (check only one) |  | $X$ |  |
|  |  |  | 13 a |  |

NAME OF COMMITTEE (In Full)
Transaction ID : SC/10.5271
Paul Coble for Congress


List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Mailing Address |  |
| City |  |
| 2. Full Name (Last, First, Middle Initial) |  |
| Mailing Address |  |
| City | State |


| 3. Full Name (Last, First, Middle Initial) |
| :--- |
| Mailing Address |
|  |
| City State ZIP Code |

Name of Employer
Occupation

Amount
Guaranteed Outstanding: $\square$,
4. Full Name (Last, First, Middle Initial)

| Name of Employer |
| :--- |
| Occupation |
| Amount <br> Guaranteed <br> Outstanding: |


| SUBTOTALS This Period This Page (optional)............................................................ |
| :--- | :--- | :--- |
| TOTALS This Period (last page in this line only) ................................................................ |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |

## SCHEDULE C (FEC Form 3) LOANS

$\left.\begin{array}{|l|l|lll}\hline \begin{array}{l}\text { Use separate schedule(s) } \\ \text { for each category of the } \\ \text { Detailed Summary Page }\end{array} & \begin{array}{l}\text { PAGE 44 }\end{array} & \begin{array}{l}\text { OF }\end{array} & 50 \\ \text { FOR LINE NUMBER: } \\ \text { (check only one) }\end{array}\right)$

NAME OF COMMITTEE (In Full)
Transaction ID : SC/10.5399
Paul Coble for Congress


List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Mailing Address |  |
| City |  |
| 2. Full Name (Last, First, Middle Initial) |  |
| Mailing Address |  |
| City | State |


| 3. Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Mailing Address |  |
|  |  |
| City State ZIP Code |  |
|  |  |

Name of Employer
Occupation

Amount
Guaranteed Outstanding: $\square$
4. Full Name (Last, First, Middle Initial)

| Name of Employer |
| :--- |
| Occupation |
| Amount <br> Guaranteed <br> Outstanding: |


| SUBTOTALS This Period This Page (optional)............................................................ |
| :--- | :--- | :--- |
| TOTALS This Period (last page in this line only)................................................................. |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |

## SCHEDULE C (FEC Form 3) LOANS

|  | PAGE 45 | OF | 50 |
| :---: | :---: | :---: | :---: |
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)$13 \mathrm{~b}$ |  |  |

NAME OF COMMITTEE (In Full)
Transaction ID : SC/10.5584
Paul Coble for Congress


## TERMS



List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Mailing Address |  |
| City |  |
| 2. Full Name (Last, First, Middle Initial) |  |
| Mailing Address |  |
| City |  |


| 3. Full Name (Last, First, Middle Initial) |
| :--- |
| Mailing Address |
|  |
| City State ZIP Code |

Name of Employer
Occupation

Amount
Guaranteed Outstanding: $\square$
4. Full Name (Last, First, Middle Initial)

| Name of Employer |
| :--- |
| Occupation |
| Amount |
| Guaranteed |
| Outstanding: |


| SUBTOTALS This Period This Page (optional)............................................................ |
| :--- | :--- | :--- |
| TOTALS This Period (last page in this line only)................................................................ |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |

## SCHEDULE C (FEC Form 3) LOANS

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

| PAGE 46 | OF | 50 |
| :---: | :---: | :---: |
| FOR LINE NUMBER: (check only one) | X | 13a |
|  |  | 13b |



## SCHEDULE C (FEC Form 3) LOANS

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

|  |  |  | PAGE 47 |
| :--- | :--- | :--- | :---: |
| FOR LINE NUMBER: <br> (check only one) |  |  |  |
|  |  |  | 130 |
|  | $\times 13 \mathrm{a}$ |  |  |

## name of committee (In Full) <br> Paul Coble for Congress

Transaction ID : SC/10.5906

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Ray Donavon Munford Jr.



| SUBTOTALS This Period This Page (optional)........................................................... |
| :--- | :--- | :--- |
| TOTALS This Period (last page in this line only) ........................................................... |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |

##  <br> Form/Schedule: SC/10 <br> Transaction ID : SC/10.5906 <br> (A previous settlement amount of 300.00 has been rescinded)

Form/Schedule:
Transaction ID:

## SCHEDULE C (FEC Form 3) LOANS

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

|  | PAGE 49 | OF | 50 |
| :--- | :--- | :--- | :--- |
| FOR LINE NUMBER: <br> (check only one) |  |  |  |
|  |  | 13 a |  |
|  | $\times 13 \mathrm{~b}$ |  |  |

Transaction ID : SC/10.5904
NAME OF COMmittee (In Full)
Paul Coble for Congress
LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Ray Donavon Munford Jr.

## Mailing Address <br> PO Box 17295



List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) $\quad$ Name of Employer

| Mailing Address |  |
| :--- | :--- |
| City |  |
| 2. Full Name (Last, First, Middle Initial) |  |
| Mailing Address |  |
| City | State |
|  |  |


| 3. Full Name (Last, First, Middle Initial) |  |
| :--- | :--- |
| Mailing Address |  |
| City State ZIP Code |  |

Name of Employer

Occupation

Amount
Guaranteed
Outstanding: $\square \square$
4. Full Name (Last, First, Middle Initial)

Name of Employer

Occupation

Amount
Guaranteed
Outstanding:

| Name of Employer |
| :--- |
| Occupation |
| Amount |
| Guaranteed |
| Outstanding: |
| Name of Employer |
| Occupation |
| Amount |
| Guaranteed |
| Outstanding: |
| Name of Employer |
| Occupation |
| Amount |
| Guaranteed |
| Outstanding: |$|$| Name of Employer |
| :--- |
| Occupation |
| Amount |
| Guaranteed |
| Outstanding: |

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

##  <br> Form/Schedule: SC/10 <br> Transaction ID : SC/10.5904 <br> (Current loan amount of 400.00 from a balance of 400.00 has been forgiven)

Form/Schedule:
Transaction ID:


[^0]:    SUBTOTAL of Receipts This Page (optional)

    TOTAL This Period (last page this line number only)

