

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Palombo for Congress Committee

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)).... | 19771.1 | 60524.02 |
| (b) Total Contribution Refunds (from Line 20(d)) | | |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 19771.1 | 60524.02 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 27058.36 | 48365.67 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 250 | 250 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 26808.36 | 48115.67 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 12018.6 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 8172.86 | |

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

Palombo for Congress Committee

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)..... | 4980 | 31991.53 |
| (ii) Unitemized..... | 9201.1 | 17023.1 |
| (iii) TOTAL of contributions from individuals ▶ | 14181.1 | 49014.63 |
| (b) Political Party Committees..... | | |
| (c) Other Political Committees (such as PACs)..... | 5500 | 5500 |
| (d) The Candidate..... | 90 | 6009.39 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 19771.1 | 60524.02 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | | |
| (b) All Other Loans..... | | |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | | |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 250 | 250 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | | .25 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 20021.1 | 60774.27 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 27058.36 | 48365.67 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | | |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | | |
| (b) Of All Other Loans | | |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | | |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees..... | | |
| (c) Other Political Committees (such as PACs)..... | | |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | | |
| 21. OTHER DISBURSEMENTS | 390 | 390 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 27448.36 | 48755.67 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 19445.86 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 20021.1 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 39466.96 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 27448.36 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 12018.6 |

**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 37 |
| | <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)
Palombo for Congress Committee

A. Full Name (Last, First, Middle Initial)
Sabrina Bengel

Mailing Address 329 Middle St
A

City State Zip Code
New Bern NC 28560

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

Name of Employer Occupation
City of New Bern Alderman

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
570

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : SA11Ai-CN320

Amount of Each Receipt this Period
70

Follies for Frank

B. Full Name (Last, First, Middle Initial)
Norman Frederick Boothe

Mailing Address 311 Jamie Cir

City State Zip Code
Emerald Isle NC 28594

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

Name of Employer Occupation
Retired - USCG & USPS Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 24 / 2012

Transaction ID : SA11Ai-CN168

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Sherry Ann Bradbury

Mailing Address 129 St Gallen Ct

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
retired retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
420

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : SA11Ai-CN181

Amount of Each Receipt this Period
70

Reception for Frank

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

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

240.00

**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 37 |
| | <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)
Palombo for Congress Committee

A. Full Name (Last, First, Middle Initial)
Sherry Ann Bradbury

Mailing Address 129 St Gallen Ct

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
retired retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
425

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : SA11Ai-CN362

Amount of Each Receipt this Period
5

Follies for Frank

B. Full Name (Last, First, Middle Initial)
Ronald Arden Capshaw

Mailing Address 601 Neuse Harbour Blvd

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Retired Engineer/Management

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 01 / 2012

Transaction ID : SA11Ai-CN242

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Robert William Cavanaugh Jr

Mailing Address 187 Ocean Dr

City State Zip Code
Newport NC 28570

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

Name of Employer Occupation
Self Employed Landscaping

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
550

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : SA11Ai-CN315

Amount of Each Receipt this Period
50

Follies for Frank

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

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

305.00

**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 37 |
| | <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)
Palombo for Congress Committee

A. Full Name (Last, First, Middle Initial)
Michael DiMartino

Mailing Address 8905 St Ives Place

City State Zip Code
Wilmington NC 28411

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

Name of Employer Occupation
W.R Rayson Co. Inc CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : SA11Ai-CN272

Amount of Each Receipt this Period
1500

B. Full Name (Last, First, Middle Initial)
James Thomas Early

Mailing Address 7056 Currituck Rd

City State Zip Code
Kitty Hawk NC 27949

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 02 / 2012

Transaction ID : SA11Ai-CN194

Amount of Each Receipt this Period
200

Hurricane Heather's Meet n Greet

C. Full Name (Last, First, Middle Initial)
Rieko S Evans

Mailing Address 605 Winged Foot Ct

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Retired Retired School Administrator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
205

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : SA11Ai-CN236

Amount of Each Receipt this Period
105

Reception for Frank

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

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

1805.00

**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 37 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Palombo for Congress Committee

A. Full Name (Last, First, Middle Initial)
Rieko S Evans

Mailing Address 605 Winged Foot Ct

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Retired Retired School Administrator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
210

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : SA11Ai-CN332

Amount of Each Receipt this Period
5

Follies for Frank

B. Full Name (Last, First, Middle Initial)
Mrs. Jody T. Haller

Mailing Address P O Box 0489

City State Zip Code
Frisco NC 27936

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : SA11Ai-CN213

Amount of Each Receipt this Period
250

Heather Event

C. Full Name (Last, First, Middle Initial)
Raynor Dunn James

Mailing Address 305 Calico Dr

City State Zip Code
New Bern NC 28560

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
210

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : SA11Ai-CN323

Amount of Each Receipt this Period
210

Follies for Frank

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

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

465.00

**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 37 |
| | <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)
Palombo for Congress Committee

A. Full Name (Last, First, Middle Initial)
Richard Lee Layton

Mailing Address 103 Horgen Ct

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
City Of New Bern Analyst

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
205

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : SA11Ai-CN360

Amount of Each Receipt this Period
5

Follies for Frank

B. Full Name (Last, First, Middle Initial)
Joseph Everette Mattingly Jr

Mailing Address 710 E Hightree Ln

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : SA11Ai-CN248

Amount of Each Receipt this Period
350

Reception for Frank

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

Mailing Address 41 Gables Rd

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11Ai-CN370

Amount of Each Receipt this Period
250

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

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

605.00

**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 10 OF 37 |
| | <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)
Palombo for Congress Committee

A. Full Name (Last, First, Middle Initial)
Patrick Arthur Patterson

Mailing Address 143 W Holly Trl

City State Zip Code
Kitty Hawk NC 27949

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y
02 / 23 / 2012

Transaction ID : SA11Ai-CN226

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Patrick Arthur Patterson

Mailing Address 143 W Holly Trl

City State Zip Code
Kitty Hawk NC 27949

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400

Date of Receipt
 M M / D D / Y Y Y Y
03 / 01 / 2012

Transaction ID : SA11Ai-CN243

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Nancy R Ritchie

Mailing Address 324 Plantation Dr

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Retired Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
270

Date of Receipt
 M M / D D / Y Y Y Y
02 / 06 / 2012

Transaction ID : SA11Ai-CN210

Amount of Each Receipt this Period
70

Reception for Frank

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

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

270.00

**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 11 OF 37 |
| | <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)
Palombo for Congress Committee

A. Full Name (Last, First, Middle Initial)
Robert Walter Skrotsky

Mailing Address 5108 Bucco Reef Rd

City State Zip Code
New Bern NC 28560

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

Name of Employer Occupation
Retired from General Electric Nuclear Engineer / Project Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y
03 / 06 / 2012

Transaction ID : SA11Ai-CN254

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Mary Foristel Tabb

Mailing Address 328 Mason Ln

City State Zip Code
Moyock NC 27958

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

Name of Employer Occupation
William E Wood & Associates Real Estate Broker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700

Date of Receipt
 M M / D D / Y Y Y Y
02 / 02 / 2012

Transaction ID : SA11Ai-CN192

Amount of Each Receipt this Period
250

Hurricane Heather's Meet n Greet

C. Full Name (Last, First, Middle Initial)
Brian Z Taylor

Mailing Address 5217 Trent Woods Dr

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
320

Date of Receipt
 M M / D D / Y Y Y Y
03 / 01 / 2012

Transaction ID : SA11Ai-CN263

Amount of Each Receipt this Period
70

Reception for Frank

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

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

620.00

**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 12 OF 37 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Palombo for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jeannie M Tyson

Mailing Address 4507 West Fairway Dr

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Tyson & Hooks Real Estate Office Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
820

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : SA11Ai-CN175

Amount of Each Receipt this Period
70

Reception for Frank

B. Full Name (Last, First, Middle Initial)
Mr. Austin Matthew Wilgus

Mailing Address 117 Heverly Dr

City State Zip Code
Emerald Isle NC 28594

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2012

Transaction ID : SA11Ai-CN216

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Leigh Allred Wilkinson

Mailing Address 106 Forest Oaks Dr

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Ward and Smith P.A. Healthcare Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : SA11Ai-CN367

Amount of Each Receipt this Period
500

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

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

670.00

4980.00

**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 13 OF 37 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Palombo for Congress Committee

A. Full Name (Last, First, Middle Initial)
Citizens United Political Victory Fund

Mailing Address 1006 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00295527

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11C-CN369

Amount of Each Receipt this Period
5000

B. Full Name (Last, First, Middle Initial)
Elect Stan Larsen Committee

Mailing Address 105 D East Victoria Court

City Greenville State NC Zip Code 27858

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2012

Transaction ID : SA11C-CN162

Amount of Each Receipt this Period
500
from federally permissible funds

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 M / D 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).....

5500.00

5500.00

**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 37 |
| | <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)
Palombo for Congress Committee

A. Full Name (Last, First, Middle Initial)
Frank Palombo

Mailing Address 1502 Tryon Rd

City State Zip Code
New Bern NC 28560

FEC ID number of contributing federal political committee. **C H2NC03079**

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5964.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 08 / 2012

Transaction ID : SA11D-CN372

Amount of Each Receipt this Period
 _____ **45** _____
 stamps

In-Kind Received postage

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

Mailing Address 1502 Tryon Rd

City State Zip Code
New Bern NC 28560

FEC ID number of contributing federal political committee. **C H2NC03079**

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6009.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : SA11D-CN373

Amount of Each Receipt this Period
 _____ **45** _____
 stamps

In-Kind Received postage

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).....

_____ **90.00** _____

_____ **90.00** _____

**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 15 OF 37 |
| | <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)
Palombo for Congress Committee

A. Full Name (Last, First, Middle Initial)
Signs Galore

Mailing Address 2513 Neuse Blvd.

City New Bern State NC Zip Code 28560

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2012

Transaction ID : SA14-ER1

Amount of Each Receipt this Period
250

Expenditure Refund

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).....

250.00

250.00

**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 16 OF 37 | |
| | <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)
Palombo for Congress Committee

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Trail Blazer Campaign Services Inc. | | Date of Disbursement MM / DD / YYYY 02 / 07 / 2012 |
| Mailing Address 620 Mendelssohn Avenue N Suite 186 | | Amount of Each Disbursement this Period 500.00 |
| City Minneapolis | State MN | Zip Code 55427 |
| Purpose of Disbursement Software Update | Category/Type 001 | |
| Candidate Name | Transaction ID : SB17-EX84 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | |
| State: District: | Software Update | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Monte Printing | | Date of Disbursement MM / DD / YYYY 03 / 06 / 2012 |
| Mailing Address P. O. Box 12391 | | Amount of Each Disbursement this Period 101.26 |
| City New Bern | State NC | Zip Code 28561 |
| Purpose of Disbursement envelopes | Category/Type 001 | |
| Candidate Name | Transaction ID : SB17-EX124 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | |
| State: District: | envelopes | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) c. Monte Printing | | Date of Disbursement MM / DD / YYYY 03 / 30 / 2012 |
| Mailing Address P. O. Box 12391 | | Amount of Each Disbursement this Period 773.44 |
| City New Bern | State NC | Zip Code 28561 |
| Purpose of Disbursement printed material | Category/Type 004 | |
| Candidate Name | Transaction ID : SB17-EX146 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | |
| State: District: | printed material | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1374.70 |
| 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 37 | | | |
| | <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)
Palombo for Congress Committee

| | | | | |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Tom's Tunes LLC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012 | |
| Mailing Address 2023 Royal Pines Dr | | | Amount of Each Disbursement this Period 300.00 | |
| City New Bern | State NC | Zip Code 28560 | Transaction ID : SB17-EX140 | |
| Purpose of Disbursement event music | | Category/ Type 007 | event music | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

| | | | | |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Vanco Services | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012 | |
| Mailing Address 12600 Whitewater Drive Suite 200 | | | Amount of Each Disbursement this Period 3.20 | |
| City Minnetonka | State MN | Zip Code 55343 | Transaction ID : SB17-EX67 | |
| Purpose of Disbursement transaction processing | | Category/ Type 001 | transaction processing | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

| | | | | |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Vanco Services | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012 | |
| Mailing Address 12600 Whitewater Drive Suite 200 | | | Amount of Each Disbursement this Period 11.26 | |
| City Minnetonka | State MN | Zip Code 55343 | Transaction ID : SB17-EX75 | |
| Purpose of Disbursement transaction processing | | Category/ Type 001 | transaction processing | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 314.46 |
| 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 37 | | | |
| | <input checked="" type="checkbox"/> 17 <input 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)
Palombo for Congress Committee

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Vanco Services | | Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 3.50 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement transaction processing | Transaction ID : SB17-EX76 |
| Candidate Name | Category/Type 001 | transaction processing |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Vanco Services | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 3.20 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement transaction processing | Transaction ID : SB17-EX77 |
| Candidate Name | Category/Type 001 | transaction processing |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Vanco Services | | Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 1.83 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement Transaction processing | Transaction ID : SB17-EX78 |
| Candidate Name | Category/Type 001 | Transaction processing |
| Office Sought: House Senate President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8.53 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|--|------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 19 OF 37 | |
| | <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Palombo for Congress Committee

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Vanco Services | | Date of Disbursement MM / DD / YYYY 01 / 27 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 1.83 |
| City Minnetonka | State MN | |
| Zip Code 55343 | Purpose of Disbursement transaction processing | Transaction ID : SB17-EX79 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | transaction processing |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Vanco Services | | Date of Disbursement MM / DD / YYYY 02 / 15 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 0.50 |
| City Minnetonka | State MN | |
| Zip Code 55343 | Purpose of Disbursement transaction processing | Transaction ID : SB17-EX102 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | transaction processing |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) c. Vanco Services | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 5.95 |
| City Minnetonka | State MN | |
| Zip Code 55343 | Purpose of Disbursement transaction processing | Transaction ID : SB17-EX99 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | transaction processing |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8.28 |
| 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 37 | | | |
| | <input checked="" type="checkbox"/> 17 <input 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)
Palombo for Congress Committee

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Vanco Services | | Date of Disbursement MM / DD / YYYY 02 / 07 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 4.34 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement transaction processing | Transaction ID : SB17-EX101 |
| Candidate Name | Category/Type 001 | transaction processing |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | |
| State: District: | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Vanco Services | | Date of Disbursement MM / DD / YYYY 02 / 09 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 1.83 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement transaction processing | Transaction ID : SB17-EX96 |
| Candidate Name | Category/Type 001 | transaction processing |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | |
| State: District: | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Vanco Services | | Date of Disbursement MM / DD / YYYY 02 / 15 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 4.58 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement transaction processing | Transaction ID : SB17-EX100 |
| Candidate Name | Category/Type 001 | transaction processing |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | |
| State: District: | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 10.75 |
| 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 37 | |
| | <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)
Palombo for Congress Committee

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Vanco Services | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 1.83 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement trans processing | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17-EX112 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | trans processing | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Vanco Services | | Date of Disbursement MM / DD / YYYY 02 / 24 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 1.14 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement trans processing | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17-EX113 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | trans processing | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) c. Vanco Services | | Date of Disbursement MM / DD / YYYY 02 / 27 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 3.20 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement trans processing | |
| Candidate Name | Category/Type 001 | Transaction ID : SB17-EX117 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | trans processing | |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6.17 |
| 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 37 | |
| | <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Palombo for Congress Committee

| | | | | |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Vanco Services | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012 | |
| Mailing Address 12600 Whitewater Drive Suite 200 | | | Amount of Each Disbursement this Period 1.14 | |
| City Minnetonka | State MN | Zip Code 55343 | Transaction ID : SB17-EX116 | |
| Purpose of Disbursement trans processing | | Category/ Type 001 | trans processing | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

| | | | | |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Vanco Services | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012 | |
| Mailing Address 12600 Whitewater Drive Suite 200 | | | Amount of Each Disbursement this Period 3.95 | |
| City Minnetonka | State MN | Zip Code 55343 | Transaction ID : SB17-EX119 | |
| Purpose of Disbursement trans processing | | Category/ Type 001 | trans processing | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

| | | | | |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Vanco Services | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012 | |
| Mailing Address 12600 Whitewater Drive Suite 200 | | | Amount of Each Disbursement this Period 6.85 | |
| City Minnetonka | State MN | Zip Code 55343 | Transaction ID : SB17-EX156 | |
| Purpose of Disbursement trans processing | | Category/ Type 001 | trans processing | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 11.94 |
| 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 37 | | | |
| | <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)
Palombo for Congress Committee

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Vanco Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 12.36 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement trans processing Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Transaction ID : SB17-EX115 trans processing |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Vanco Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 1.14 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement trans processing Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Transaction ID : SB17-EX131 trans processing |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Vanco Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 8.70 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement trans processing Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Transaction ID : SB17-EX122 trans processing |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 22.20 |
| 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 24 OF 37 | | | |
| | <input checked="" type="checkbox"/> 17 <input 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)
Palombo for Congress Committee

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Vanco Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 1.83 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement trans processing | Transaction ID : SB17-EX121 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | trans processing |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Vanco Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 10.65 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement trans processing | Transaction ID : SB17-EX128 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | trans processing |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Vanco Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 5.95 |
| City Minnetonka State MN Zip Code 55343 | Purpose of Disbursement Trans processing | Transaction ID : SB17-EX138 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Trans processing |
| State: District: | | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 18.43 |
| 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 37 | |
| | <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)
Palombo for Congress Committee

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Vanco Services | | Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012 |
| Mailing Address 12600 Whitewater Drive Suite 200 | | Amount of Each Disbursement this Period 1.14 |
| City Minnetonka | State MN | |
| Zip Code 55343 | Purpose of Disbursement Trans processing | Transaction ID : SB17-EX139 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Trans processing |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Brian Mullis | | Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2012 |
| Mailing Address 3209 English Ct | | Amount of Each Disbursement this Period 900.00 |
| City Burlington | State NC | |
| Zip Code 27215 | Purpose of Disbursement Campaign management salary | Transaction ID : SB17-EX91 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Campaign management salary |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) c. Brian Mullis | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012 |
| Mailing Address 3209 English Ct | | Amount of Each Disbursement this Period 500.00 |
| City Burlington | State NC | |
| Zip Code 27215 | Purpose of Disbursement Campaign management salary | Transaction ID : SB17-EX87 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Campaign management salary |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1401.14 |
| 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 37 | | | |
| | <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)
Palombo for Congress Committee

| | | | | |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Brian Mullis | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012 | |
| Mailing Address 3209 English Ct | | | Amount of Each Disbursement this Period 301.40 | |
| City Burlington | State NC | Zip Code 27215 | Transaction ID : SB17-EX86 | |
| Purpose of Disbursement mileage reimbursement | | Category/ Type 001 | mileage reimbursement | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

| | | | | |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Malia Zaytoun | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012 | |
| Mailing Address 2610 Oldgate Dr #304 | | | Amount of Each Disbursement this Period 1000.00 | |
| City Raleigh | State NC | Zip Code 27604 | Transaction ID : SB17-EX85 | |
| Purpose of Disbursement Campaign Management salary | | Category/ Type 001 | Campaign Management salary | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

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|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. CDI Inc | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012 | |
| Mailing Address P. O. Box 1877 | | | Amount of Each Disbursement this Period 1100.00 | |
| City Alexandria | State VA | Zip Code 22313 | Transaction ID : SB17-EX80 | |
| Purpose of Disbursement Email advertising | | Category/ Type 004 | Email advertising | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2401.40 |
| 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 37 | |
| | <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)
Palombo for Congress Committee

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Ingrid Johansen | | Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2012 |
| Mailing Address 1001 Victoria Way | | Amount of Each Disbursement this Period 500.00 |
| City Trent Woods | State NC | Zip Code 28562 |
| Purpose of Disbursement Campaign Management salary | Category/ Type 001 | |
| Candidate Name | Transaction ID : SB17-EX89 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Campaign Management salary |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ingrid Johansen | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012 |
| Mailing Address 1001 Victoria Way | | Amount of Each Disbursement this Period 40.00 |
| City Trent Woods | State NC | Zip Code 28562 |
| Purpose of Disbursement reim for venue rental. vendor aggregate less than \$200 | Category/ Type 007 | |
| Candidate Name | Transaction ID : SB17-EX98 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | reim for venue rental. vendor aggregate less than \$200 |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) c. Ingrid Johansen | | Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2012 |
| Mailing Address 1001 Victoria Way | | Amount of Each Disbursement this Period 1250.00 |
| City Trent Woods | State NC | Zip Code 28562 |
| Purpose of Disbursement Campaign Management salary | Category/ Type 001 | |
| Candidate Name | Transaction ID : SB17-EX95 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Campaign Management salary |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1790.00 |
| 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 28 OF 37 | |
| | <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)
Palombo for Congress Committee

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ingrid Johansen | | Date of Disbursement MM / DD / YYYY 02 / 14 / 2012 |
| Mailing Address 1001 Victoria Way | | Amount of Each Disbursement this Period 1250.00 |
| City Trent Woods | State NC | |
| Zip Code 28562 | Purpose of Disbursement Campaign Management salary | Transaction ID : SB17-EX108 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Campaign Management salary |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ingrid Johansen | | Date of Disbursement MM / DD / YYYY 03 / 01 / 2012 |
| Mailing Address 1001 Victoria Way | | Amount of Each Disbursement this Period 1250.00 |
| City Trent Woods | State NC | |
| Zip Code 28562 | Purpose of Disbursement Campaign Management salary | Transaction ID : SB17-EX123 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Campaign Management salary |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) c. Ingrid Johansen | | Date of Disbursement MM / DD / YYYY 03 / 15 / 2012 |
| Mailing Address 1001 Victoria Way | | Amount of Each Disbursement this Period 1250.00 |
| City Trent Woods | State NC | |
| Zip Code 28562 | Purpose of Disbursement Campaign Management salary | Transaction ID : SB17-EX132 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Campaign Management salary |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3750.00 |
| 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 29 OF 37 | | | |
| | <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)
Palombo for Congress Committee

| | | | |
|---|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ted Brown | | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2012 |
| Mailing Address 111 West Market Street | | | Amount of Each Disbursement this Period 3500.00 |
| City Elkin | State NC | Zip Code 28621 | Transaction ID : SB17-EX94 |
| Purpose of Disbursement Campaign Management salary | | Category/ Type 001 | |
| Candidate Name | | | Campaign Management salary |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | |
| State: | District: | | |

| | | | |
|---|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Ted Brown | | | Date of Disbursement MM / DD / YYYY 02 / 16 / 2012 |
| Mailing Address 111 West Market Street | | | Amount of Each Disbursement this Period 2500.00 |
| City Elkin | State NC | Zip Code 28621 | Transaction ID : SB17-EX107 |
| Purpose of Disbursement Campaign Management salary | | Category/ Type 001 | |
| Candidate Name | | | Campaign Management salary |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | |
| State: | District: | | |

| | | | |
|---|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) c. Ted Brown | | | Date of Disbursement MM / DD / YYYY 03 / 19 / 2012 |
| Mailing Address 111 West Market Street | | | Amount of Each Disbursement this Period 664.01 |
| City Elkin | State NC | Zip Code 28621 | Transaction ID : SB17-EX134 |
| Purpose of Disbursement Reimbursement for travel | | Category/ Type 001 | |
| Candidate Name | | | Reimbursement for travel |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | |
| State: | District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6664.01 |
| 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 37 | |
| | <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)
Palombo for Congress Committee

| | | | | |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Carolina Colors Association Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012 | |
| Mailing Address 503 Thurman Road | | | Amount of Each Disbursement this Period 370.46 | |
| City New Bern | State NC | Zip Code 28562 | Transaction ID : SB17-EX88 | |
| Purpose of Disbursement Venue rental | | Category/ Type 007 | Venue rental | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

| | | | | |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Signs Galore | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012 | |
| Mailing Address 2513 Neuse Blvd. | | | Amount of Each Disbursement this Period 250.00 | |
| City New Bern | State NC | Zip Code 28560 | Transaction ID : SB17-EX109 | |
| Purpose of Disbursement Signs | | Category/ Type 006 | Signs | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

| | | | | |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. North Carolina State Board Of Elections | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012 | |
| Mailing Address P. O. Box 27255 | | | Amount of Each Disbursement this Period 1740.00 | |
| City Raleigh | State NC | Zip Code 27611 | Transaction ID : SB17-EX110 | |
| Purpose of Disbursement Filing Fee | | Category/ Type 001 | Filing Fee | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | | | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2360.46 |
| 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 37 | |
| | <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)
Palombo for Congress Committee

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. TelOpinion Research | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012 |
| Mailing Address 901 King Street | | Amount of Each Disbursement this Period 4500.00 |
| City Alexandria | State VA | Zip Code 22314 |
| Purpose of Disbursement Polling | Category/Type 005 | |
| Candidate Name | Transaction ID : SB17-EX127 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | Polling |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. PrintElect | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012 |
| Mailing Address 3731 Trent Road | | Amount of Each Disbursement this Period 1281.00 |
| City New Bern | State NC | Zip Code 28562 |
| Purpose of Disbursement signs | Category/Type 004 | |
| Candidate Name | Transaction ID : SB17-EX141 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | signs |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) c. Frank Palombo | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2012 |
| Mailing Address 1502 Tryon Rd | | Amount of Each Disbursement this Period 45.00 |
| City New Bern | State NC | Zip Code 28560 |
| Purpose of Disbursement IN-KIND RECEIVED postage | Category/Type | |
| Candidate Name | Transaction ID : SB17-CN372 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | In-Kind Received postage |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5826.00 |
| 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 32 OF 37 | |
| | <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)
Palombo for Congress Committee

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Frank Palombo | | Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012 |
| Mailing Address 1502 Tryon Rd | | Amount of Each Disbursement this Period 45.00 |
| City New Bern | State NC | |
| Zip Code 28560 | Purpose of Disbursement IN-KIND RECEIVED postage | Transaction ID : SB17-CN373 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 | In-Kind Received postage |
| 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: | | |

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|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 45.00 |
| TOTAL This Period (last page this line number only)..... | 26013.47 |

**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 37 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 |

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)
Palombo for Congress Committee

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. North Carolina 3rd District Republican Party | | Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012 |
| Mailing Address 115 Apollo Dr. | | Amount of Each Disbursement this Period 200.00 |
| City Cape Carteret | State NC | Zip Code 28584 |
| Purpose of Disbursement Ad in program | <input type="checkbox"/> 010 <input checked="" type="checkbox"/> 011 Category/ Type | Transaction ID : SB21-EX133 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 |
| State: | District: | Ad in program |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. North Carolina 3rd District Republican Party | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012 |
| Mailing Address 115 Apollo Dr. | | Amount of Each Disbursement this Period 25.00 |
| City Cape Carteret | State NC | Zip Code 28584 |
| Purpose of Disbursement dinner tickets | <input type="checkbox"/> 010 <input checked="" type="checkbox"/> 011 Category/ Type | Transaction ID : SB21-EX135 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012 |
| State: | District: | dinner tickets |

| | | |
|--|---|--|
| 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 | <input type="checkbox"/> 010 <input type="checkbox"/> 011 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)..... | 225.00 |
| TOTAL This Period (last page this line number only)..... | 225.00 |

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)

Palombo for Congress Committee

| | | |
|---|-------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Vanco Services | | Nature of Debt (Purpose): Invoice: transaction processing |
| Mailing Address 12600 Whitewater Drive Suite 200 | | |
| City | State | Zip Code |
| Minnetonka | MN | 55343 |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10-INV63 | |
| <input type="text" value="3.20"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value=".00"/> | <input type="text" value="3.20"/> | <input type="text" value=".00"/> |

| | | |
|---|-------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Vanco Services | | Nature of Debt (Purpose): Invoice: transaction processing |
| Mailing Address 12600 Whitewater Drive Suite 200 | | |
| City | State | Zip Code |
| Minnetonka | MN | 55343 |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10-INV70 | |
| <input type="text" value="11.26"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value=".00"/> | <input type="text" value="11.26"/> | <input type="text" value=".00"/> |

| | | |
|--|-------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Theas Ideas | | Nature of Debt (Purpose): Invoice: stickers |
| Mailing Address P. O. Box A | | |
| City | State | Zip Code |
| New Bern | NC | 28563 |

| | | |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10-INV146 | |
| <input type="text" value=".00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="296.54"/> | <input type="text" value=".00"/> | <input type="text" value="296.54"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="296.54"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 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 35 OF 37 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

Palombo for Congress Committee

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lisa Marley | Nature of Debt (Purpose): Invoice: website and postage reimbursement. Vendor aggregate less than \$200 |
| Mailing Address 101 Elizabeth Court | |
| City State Zip Code Kill Devil Hills NC 27948 | |

| | | |
|--|-------------------------------------|--|
| Outstanding Balance Beginning This Period [.00] | Transaction ID : SD10-INV144 | |
| Amount Incurred This Period [82.65] | Payment This Period [.00] | Outstanding Balance at Close of This Period [82.65] |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ted Brown | Nature of Debt (Purpose): Invoice: Campaign Management fees |
| Mailing Address 111 West Market Street | |
| City State Zip Code Elkin NC 28621 | |

| | | |
|--|-------------------------------------|--|
| Outstanding Balance Beginning This Period [.00] | Transaction ID : SD10-INV186 | |
| Amount Incurred This Period [2500.00] | Payment This Period [.00] | Outstanding Balance at Close of This Period [2500.00] |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ted Brown | Nature of Debt (Purpose): Invoice: Campaign Management salary |
| Mailing Address 111 West Market Street | |
| City State Zip Code Elkin NC 28621 | |

| | | |
|--|-------------------------------------|--|
| Outstanding Balance Beginning This Period [.00] | Transaction ID : SD10-INV192 | |
| Amount Incurred This Period [2500.00] | Payment This Period [.00] | Outstanding Balance at Close of This Period [2500.00] |

| | |
|--|-------------|
| 1) SUBTOTALS This Period This Page (optional) | [5082.65] |
| 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)

Palombo for Congress Committee

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

Mailing Address 145 Quarterdeck Townes

City State Zip Code
 New Bern NC 28562

Nature of Debt (Purpose):
 Invoice: mileage reimbursement

| | | |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10-INV140 | |
| .00 | Amount Incurred This Period | Payment This Period |
| | 554.40 | .00 |
| | | Outstanding Balance at Close of This Period |
| | | 554.40 |

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ted Brown

Mailing Address 111 West Market Street

City State Zip Code
 Elkin NC 28621

Nature of Debt (Purpose):
 Invoice: travel reimbursement mileage and hotel

| | | |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10-INV196 | |
| .00 | Amount Incurred This Period | Payment This Period |
| | 308.05 | .00 |
| | | Outstanding Balance at Close of This Period |
| | | 308.05 |

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

Mailing Address 3731 Trent Road

City State Zip Code
 New Bern NC 28562

Nature of Debt (Purpose):
 Invoice: signs

| | | |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10-INV149 | |
| .00 | Amount Incurred This Period | Payment This Period |
| | 1521.19 | .00 |
| | | Outstanding Balance at Close of This Period |
| | | 1521.19 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional) | 2383.64 |
| 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)

Palombo for Congress Committee

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

Mailing Address 145 Quarterdeck Townes

City State Zip Code
New Bern NC 28562

Nature of Debt (Purpose):
Invoice: mileage reimbursement

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV139**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Vanco Services

Mailing Address 12600 Whitewater Drive Suite 200

City State Zip Code
Minnetonka MN 55343

Nature of Debt (Purpose):
Invoice: Trans processing

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV131**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Catherine New

Mailing Address 1511 Fairfax Lane

City State Zip Code
New Bern NC 28561

Nature of Debt (Purpose):
Invoice: postage and office supplies reimbursement

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV147**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="410.03"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text" value="8172.86"/> |
| 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="8172.86"/> |