

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Free Markets PAC Inc

ADDRESS (number and street) PO Box 470848

Check if different than previously reported. (ACC) Charlotte NC 28247-0848

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00527531 3. IS THIS REPORT NEW (N) OR 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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

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

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2013

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 Charles T. Greer

Signature of Treasurer Charles T. Greer [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 02 / 16 / 2013

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

Office Use Only																			
FEC FORM 3X Rev. 12/2004																			

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Free Markets PAC Inc

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="67.05"/>	<input type="text" value="67.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="67.05"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3500"/>	<input type="text" value="3500"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3567.05"/>	<input type="text" value="3567.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1880.45"/>	<input type="text" value="1880.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1686.6"/>	<input type="text" value="1686.6"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Write or Type Committee Name

Free Markets PAC Inc

Report Covering the Period: From: 01 / 01 / 2013 To: 01 / 31 / 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3500	3500
(ii) Unitemized	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3500	3500
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3500	3500
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3500	3500
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3500	3500

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	1880.45	1880.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1880.45	1880.45
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1880.45	1880.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1880.45	1880.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3500	3500
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3500	3500
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1880.45	1880.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1880.45	1880.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
Free Markets PAC Inc

A. Robert M Pittenger
 Full Name (Last, First, Middle Initial)
 Mailing Address 7330 Baltusrol Lane
 City Charlotte State NC Zip Code 28210-4922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Government Occupation Congressman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : 619-234-c
 Amount of Each Receipt this Period
 3000

B. C. Cooper Willis
 Full Name (Last, First, Middle Initial)
 Mailing Address 434 Hempstead Place
 City Charlotte State NC Zip Code 28207-2316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Advisors Occupation Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2013
Transaction ID : 1910-222-c
 Amount of Each Receipt this Period
 500

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) ▼
 Aggregate Year-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).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	3500.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati State OH Zip Code 45280-4521

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2013

Transaction ID : SB21B-1911-228-e

Amount of Each Disbursement this Period

112.32

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address PO Box 804521

City Cincinnati State OH Zip Code 45280-4521

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2013

Transaction ID : SB21B-1911-230-e

Amount of Each Disbursement this Period

822.76

Full Name (Last, First, Middle Initial)

C. North Carolina Department of Revenue

Mailing Address PO Box 25000

City Raleigh State NC Zip Code 27640-0100

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2013

Transaction ID : SB21B-1906-227-e

Amount of Each Disbursement this Period

434

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

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

1369.08

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)

A. Erin Karriker

Mailing Address 316 E 28th Street

City Kannapolis State NC Zip Code 28083-9736

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	3

Transaction ID : SB21B-1901-223-e

Amount of Each Disbursement this Period

6	0	.	1	1
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Full Name (Last, First, Middle Initial)

B. Erin Karriker

Mailing Address 316 E 28th Street

City Kannapolis State NC Zip Code 28083-9736

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	3

Transaction ID : SB21B-1901-224-e

Amount of Each Disbursement this Period

2	6	.	4	4
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Full Name (Last, First, Middle Initial)

C. Erin Karriker

Mailing Address 316 E 28th Street

City Kannapolis State NC Zip Code 28083-9736

Purpose of Disbursement
Cell Phone Reimbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	3

Transaction ID : SB21B-1901-225-e

Amount of Each Disbursement this Period

4	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	2	6	.	5	5
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Free Markets PAC Inc

Full Name (Last, First, Middle Initial)

A. Erin Karriker

Mailing Address 316 E 28th Street

City Kannapolis State NC Zip Code 28083-9736

Purpose of Disbursement
Supplies for Office

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	7		2	0	1	3		

Transaction ID : SB21B-1901-226-e

Amount of Each Disbursement this Period

8	4	.	8	2
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Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

8	4	.	8	2
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1	5	8	0	.	4	5
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