

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

WALTER JONES COMMITTEE

ADDRESS (number and street)

PO Box 3962

Check if different than previously reported. (ACC)

Greenville

NC

27836

2. FEC IDENTIFICATION NUMBER ▼

C C00305052

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NC

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Election on 11 / 04 / 2014 in the State of NC

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

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

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Collin A McMichael

Signature of Treasurer Mr. Collin A McMichael

[Electronically Filed]

Date

10 / 23 / 2014

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
WALTER JONES 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))....	14850.00	669061.04
(b) Total Contribution Refunds (from Line 20(d))	250.00	350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14600.00	668711.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37360.46	647612.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	845.87
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37360.46	646766.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	123891.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

WALTER JONES 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).....	8010.00	321390.00
(ii) Unitemized.....	3340.00	77015.21
(iii) TOTAL of contributions from individuals ▶	11350.00	398405.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3500.00	270655.83
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	14850.00	669061.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	845.87
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	14850.00	669906.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37360.46	647612.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	250.00	350.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	250.00	350.00
21. OTHER DISBURSEMENTS	0.00	2100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	37610.46	650062.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	146651.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14850.00
25. SUBTOTAL (add Line 23 and Line 24).....	161501.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37610.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	123891.01

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

Full Name (Last, First, Middle Initial) A. Mr. William B. Buchanan Jr.		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 803 S. Baden Court		Transaction ID : SA11AI.35381	
City Goldsboro	State NC	Zip Code 27530	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer State of NC	Occupation Director, Motor Fleet		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3750.00		

Full Name (Last, First, Middle Initial) B. Mr. Jeffery T. Clark		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 69 Pickett Way		Transaction ID : SA11AI.35382	
City Swansboro	State NC	Zip Code 28584	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Jones-Onslow Electric	Occupation CFO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Dr. J. Edwin Clement		Date of Receipt M M / D D / Y Y Y Y 10 / 02 / 2014	
Mailing Address 102 Martinsborough Road		Transaction ID : SA11AI.35348	
City Greenville	State NC	Zip Code 27858	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	600.00

**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 21
	<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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Salvatore J. Disciascio

Mailing Address 698 Prescott Road

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.35384

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles E. Douthit

Mailing Address 5644 Soft Wind Drive

City State Zip Code
Fuquay Varina NC 27526

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

Name of Employer Occupation
Self Employed Property Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.35386

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Eastern Band of Cherokee Indians

Mailing Address PO Box 455

City State Zip Code
Cherokee NC 28719

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.35534

Amount of Each Receipt this Period
1000.00

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

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

1275.00

**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 21
	<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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. David A. Evans Jr.

Mailing Address **PO Box 3353**

City **Greenville** State **NC** Zip Code **27836**

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

Name of Employer **Garris-Evans Lumber** Occupation **Lumber Dealer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 11 / 2014

Transaction ID : SA11AI.35388

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mrs. Leigh Jeffreys Fanning

Mailing Address **3606 Wyneston Road**

City **Greenville** State **NC** Zip Code **27858**

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

Name of Employer **Self Employed** Occupation **Business Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.35349

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Jamie McLaughlin Fish

Mailing Address **126 Woodridge Drive**

City **Morehead City** State **NC** Zip Code **28552**

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

Name of Employer **Cherry Point MCAS** Occupation **Business Manager**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.35350

Amount of Each Receipt this Period
250.00

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

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

1450.00

**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 21
	<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)
WALTER JONES COMMITTEE

Full Name (Last, First, Middle Initial) A. Ms Candace Frye		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2014	
Mailing Address 102 Chippendale Drive		Transaction ID : SA11AI.35389	
City Greenville	State NC	Zip Code 27858	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00	
Name of Employer Pitt Community College	Occupation Program Director		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) B. Mr. D. E. Greene		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2014	
Mailing Address 88 Barnes Street		Transaction ID : SA11AI.35353	
City Greenville	State NC	Zip Code 27858	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00		

Full Name (Last, First, Middle Initial) C. Mrs. Julia Jenkins		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2014	
Mailing Address 3885 River Road		Transaction ID : SA11AI.35393	
City Vanceboro	State NC	Zip Code 28586	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2050.00		

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Mark W. Johnson

Mailing Address 604 McCarthy Blvd.

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Self-Employed Oral Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
810.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.35451

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark W. Johnson

Mailing Address 604 McCarthy Blvd.

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Self-Employed Oral Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
935.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.35394

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Mr. Joe Landino

Mailing Address 855 Bull Run Road

City State Zip Code
Columbia NC 27925

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.35335

Amount of Each Receipt this Period
100.00

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

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

285.00

**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 21
	<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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Cyrus Lee

Mailing Address **PO Box 309**

City **Bailey** State **NC** Zip Code **27807**

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

Name of Employer **Self Employed** Occupation **Dentist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.35406

Amount of Each Receipt this Period
250.00

Earmarked Through **DEMOCRACY ENGINE INC., PAC.**

B. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address **850 QUINCY STREET, NW #402**

City **WASHINGTON** State **DC** Zip Code **20011**

FEC ID number of contributing federal political committee. **C C00468314**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
27749.50

Date of Receipt
 M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11AI.35406.0

Amount of Each Receipt this Period
250.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. John M. May

Mailing Address **3209 Kirby Smith Drive**

City **Wilmington** State **NC** Zip Code **28409**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.35336

Amount of Each Receipt this Period
200.00

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

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

450.00

**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 21
	<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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Collice C. Moore

Mailing Address 202 Chippendale Drive

City Greenville State NC Zip Code 27858

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

Name of Employer Collice Moore & Associates Occupation Commercial Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11AI.35362

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Leopoldo Pascasio

Mailing Address 1019 W. Wright Road

City Greenville State NC Zip Code 27858

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11AI.35408

Amount of Each Receipt this Period
500.00

Earmarked Through DEMOCRACY ENGINE INC., PAC.

C. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
27499.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11AI.35408.0

Amount of Each Receipt this Period
500.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

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

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

1500.00

**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 21
	<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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. B.B. 'Blacky' Pierce

Mailing Address **PO Box 730**

City **Weldon** State **NC** Zip Code **27890**

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

Name of Employer **Self Employed** Occupation **Trucking**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.35365

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Francis Pray

Mailing Address **2034 Maynard Road**

City **Charlotte** State **NC** Zip Code **28270**

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

Name of Employer **Nelson Mullins Riley Scarborough** Occupation **Partner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.35410

Amount of Each Receipt this Period
250.00

Earmarked Through **DEMOCRACY ENGINE, INC., PAC**

C. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address **850 QUINCY STREET, NW #402**

City **WASHINGTON** State **DC** Zip Code **20011**

FEC ID number of contributing federal political committee. **C C00468314**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
26624.50

Date of Receipt
 M M / D D / Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.35410.0

Amount of Each Receipt this Period
250.00

Total Earmarked Through Conduit. PAC Limit of Affected.
[MEMO ITEM]

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Vernon G. Snyder III

Mailing Address 502 Dobbs Court

City Greenville State NC Zip Code 27834

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

Name of Employer Gaylord McNally Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11AI.35414

Amount of Each Receipt this Period
250.00

Earmarked Through DEMOCRACY ENGINE INC., PAC.

B. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C C00468314**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
26999.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2014

Transaction ID : SA11AI.35414.0

Amount of Each Receipt this Period
250.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mrs. Rosemond M. Tipton

Mailing Address 201 Williamsburg Drive

City Greenville State NC Zip Code 27858

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11AI.35369

Amount of Each Receipt this Period
25.00

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

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

275.00

**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 21
	<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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth Waldron

Mailing Address 262 Bill Canady Road

City State Zip Code
Sneads Ferry NC 28460

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

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.35372

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Ms Jean Wilkerson

Mailing Address 101 Middleton Place

City State Zip Code
Greenville NC 27858

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

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.35374

Amount of Each Receipt this Period
25.00

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).....

325.00

8010.00

**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 21
	<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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)

Mailing Address 325 7TH STREET NW

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11C.35493

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF HOME BUILDERS PAC (BuildPAC)

Mailing Address 1201 15th Street NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C30001366

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11C.35494

Amount of Each Receipt this Period
2500.00

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).....

3500.00

3500.00

**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 21			
	<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)
WALTER JONES COMMITTEE

Full Name (Last, First, Middle Initial) A. Auburn Audio Visual		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 705 Shady Meadows Court		Amount of Each Disbursement this Period 2138.52
City Winterville	State NC	
Zip Code 28590	Purpose of Disbursement Audio Visual Services	Transaction ID : SB17.35517
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BB&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address PO Box 580048		Amount of Each Disbursement this Period 727.60
City Charlotte	State NC	
Zip Code 28258	Purpose of Disbursement Campaign Car	Transaction ID : SB17.35507
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mr. Blake Belch		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 926 Chambers Ferry Road		Amount of Each Disbursement this Period 200.00
City Edenton	State NC	
Zip Code 27932	Purpose of Disbursement Field Representative Services	Transaction ID : SB17.35523
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3066.12
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 21	
	<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)
WALTER JONES COMMITTEE

Full Name (Last, First, Middle Initial) A. Capitol Advisors, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address PO Box 638		Amount of Each Disbursement this Period 1012.70 Transaction ID : SB17.35503
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Advisors, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 638		Amount of Each Disbursement this Period 3525.00 Transaction ID : SB17.35504
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Administration, Accounting & Event Consulting	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. Cornerstone Solutions and Communications LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 6917 Vista Parkway North Suite 1		Amount of Each Disbursement this Period 1635.00 Transaction ID : SB17.35514
City West Palm Beach	State FL	
Zip Code 33411	Purpose of Disbursement Website Hosting, Advertising Services	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).....	6172.70
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 18 OF 21	
	<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)
WALTER JONES COMMITTEE

Full Name (Last, First, Middle Initial) A. DEMOCRACY ENGINE, INC., PAC			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 850 QUINCY STREET, NW #402			Amount of Each Disbursement this Period 53.67	
City WASHINGTON	State DC	Zip Code 20011	Transaction ID : SB17.35524	
Purpose of Disbursement Merchant Services		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Hilton Greenville			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 207 SW Greenville Blvd			Amount of Each Disbursement this Period 7981.93	
City Greenville	State NC	Zip Code 27834	Transaction ID : SB17.35505	
Purpose of Disbursement Catering Services		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. Mrs. Catherine Fodor Jordan			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014	
Mailing Address 1109 F Turtle Creek Road			Amount of Each Disbursement this Period 1000.00	
City Greenville	State NC	Zip Code 27858	Transaction ID : SB17.35520	
Purpose of Disbursement Field Representative Services		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).....	9035.60
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 21			
	<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)
WALTER JONES COMMITTEE

Full Name (Last, First, Middle Initial) A. Macon Consulting		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 3962		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.35502
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Management Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Macon Consulting		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address PO Box 3962		Amount of Each Disbursement this Period 11787.33 Transaction ID : SB17.35522
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Finance Consulting	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. MDI Imaging and Mailing		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 21955 Cascades Parkway		Amount of Each Disbursement this Period 1230.00 Transaction ID : SB17.35501
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement Direct Mail Postage	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).....	18017.33
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 21	
	<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)
WALTER JONES COMMITTEE

Full Name (Last, First, Middle Initial) A. Staples, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 600 Greenville Boulevard SE		Amount of Each Disbursement this Period 94.99
City Greenville	State NC	
Zip Code 27858	Purpose of Disbursement Event Supplies	Transaction ID : SB17.35499
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Telephone Town Hall Meeting, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 958 Coneflower Drive		Amount of Each Disbursement this Period 731.41
City Golden	State CO	
Zip Code 80401	Purpose of Disbursement Advertising	Transaction ID : SB17.35506
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address University Station 10th Street		Amount of Each Disbursement this Period 19.99
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Postage	Transaction ID : SB17.35518
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	846.39
TOTAL This Period (last page this line number only).....	37138.14

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

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

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

Full Name (Last, First, Middle Initial) A. Mr. Leopoldo Pascasio			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014		
Mailing Address 1019 W. Wright Road			Amount of Each Disbursement this Period 250.00		
City Greenville	State NC	Zip Code 27858	Transaction ID : SB20A.35509		
Purpose of Disbursement Contribution Refund		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00