

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

Paul Coble for Congress

ADDRESS (number and street)

PO Box 17295

Check if different than previously reported. (ACC)

RALEIGH

NC

27619

2. FEC IDENTIFICATION NUMBER

C00499541

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

NC 13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on 05 / 08 / 2012 in the State of NC

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

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

Election on 05 / 08 / 2012 in the State of NC

5. Covering Period

04 / 01 / 2012 through 04 / 18 / 2012

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. Ray Donavon Munford Jr.

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

05 / 18 / 2012

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

Table with 8 columns for Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Paul Coble for Congress

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 24735.00 | 232655.09 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 450.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 24735.00 | 232205.09 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 25687.81 | 223670.92 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 25687.81 | 223670.92 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 10475.36 | |
| 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)..... | 1941.19 | |

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

Paul Coble for Congress

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 16650.00 | 196844.00 |
| (ii) Unitemized..... | 3085.00 | 24286.00 |
| (iii) TOTAL of contributions from individuals ▶ | 19735.00 | 221130.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 5000.00 | 11525.09 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 24735.00 | 232655.09 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 360.03 | 1941.19 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 360.03 | 1941.19 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 |
| 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)..... ▶ | 25095.03 | 234596.28 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 25687.81 | 223670.92 |
| 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 | 0.00 | 450.00 |
| (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))..... | 0.00 | 450.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 25687.81 | 224120.92 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 11068.14 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 25095.03 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 36163.17 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 25687.81 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 10475.36 |

**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 30 |
| | <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)
Paul Coble for Congress

A. Full Name (Last, First, Middle Initial)
Glenn Bagwell

Mailing Address 333 Sherwee Drive

City Raleigh State NC Zip Code 27603

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

Name of Employer Self Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2012

Transaction ID : SA11AI.5429

Amount of Each Receipt this Period
 2000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Richard Baker

Mailing Address 6805 N. Ridge Drive

City Raleigh State NC Zip Code 27615

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : SA11AI.5557

Amount of Each Receipt this Period
 250.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Stephen Bolick

Mailing Address 509 Lake Boone Trail

City Raleigh State NC Zip Code 27608

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

Name of Employer Eye Care Center Occupation Doctor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : SA11AI.5491

Amount of Each Receipt this Period
 250.00
 Contribution

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

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

2500.00

**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 30 |
| | <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)
Paul Coble for Congress

A. Full Name (Last, First, Middle Initial)
Brittany Botzum

Mailing Address **PO Box 12164**

City **Raleigh** State **NC** Zip Code **27605**

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

Name of Employer **Prometheus Group** Occupation **Sales**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 11 / 2012

Transaction ID : SA11AI.5481

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Armistead Burwell Jr.

Mailing Address **3214 Rutherford Drive**

City **Raleigh** State **NC** Zip Code **27609**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 16 / 2012

Transaction ID : SA11AI.5516

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address **3327 Landor Road**

City **Raleigh** State **NC** Zip Code **27609**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : SA11AI.5501

Amount of Each Receipt this Period
250.00

Contribution

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

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

1000.00

**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 30 |
| | <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)
Paul Coble for Congress

A. Full Name (Last, First, Middle Initial)
John Day

Mailing Address 608 Marlowe Road

City Raleigh State NC Zip Code 27609

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

Name of Employer Associated Insurers Occupation Insurance

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 16 / 2012

Transaction ID : SA11AI.5503

Amount of Each Receipt this Period
250.00
Contribution

B. Full Name (Last, First, Middle Initial)
Harry Eberly

Mailing Address 8711 Cypress Club Drive

City Raleigh State NC Zip Code 27615

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : SA11AI.5493

Amount of Each Receipt this Period
250.00
Contribution

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

Mailing Address 601 N Bloodworth Street

City Raleigh State NC Zip Code 27604

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

Name of Employer Hyde Street Holdings Occupation Investments

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : SA11AI.5577

Amount of Each Receipt this Period
500.00
Contribution

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

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

1000.00

**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 30 |
| | <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)
Paul Coble for Congress

A. Full Name (Last, First, Middle Initial)
Alexandra Henson

Mailing Address 317 Circle Park Place

City State Zip Code
Chapel Hill NC 27517

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
2500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2012

Transaction ID : SA11AI.5568

Amount of Each Receipt this Period
1500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Carolyn Jones

Mailing Address 7517 Spyglass Way

City State Zip Code
Raleigh NC 27615

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

Name of Employer Occupation
Self Commercial Real Estate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2012

Transaction ID : SA11AI.5489

Amount of Each Receipt this Period
250.00
Contribution

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

Mailing Address 6016 Wolverhampton Drive

City State Zip Code
Raleigh NC 27603

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

Name of Employer Occupation
Rite-Aid Pharmacist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2012

Transaction ID : SA11AI.5573

Amount of Each Receipt this Period
100.00
Contribution

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

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

1850.00

**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 30 |
| | <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)
Paul Coble for Congress

A. Full Name (Last, First, Middle Initial)
Stephen LeGrone

Mailing Address 333 N. Greene Street

City Greensboro State NC Zip Code 27410

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

Name of Employer Strategic Employee Benefit Sys Occupation Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11AI.5438

Amount of Each Receipt this Period
 Contribution 250.00

B. Full Name (Last, First, Middle Initial)
John Lloyd

Mailing Address 3129 Sussex Road

City Raleigh State NC Zip Code 27607

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

Name of Employer Nash Square Assocaites Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2012

Transaction ID : SA11AI.5430

Amount of Each Receipt this Period
 Contribution 350.00

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

Mailing Address 1805 Craig Street

City Raleigh State NC Zip Code 27608

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2012

Transaction ID : SA11AI.5470

Amount of Each Receipt this Period
 Contribution 500.00

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

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

1100.00

**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 30 |
| | <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)
Paul Coble for Congress

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) David Martin | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2012 |
| Mailing Address 1201 Buck Jones Road | | Transaction ID : SA11AI.5536 |
| City Raleigh | State NC | Zip Code 27606 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period Contribution 1000.00 |
| Name of Employer Self | Occupation Developer | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) John Miller | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2012 |
| Mailing Address 219 E. Chatham Street Suite 101 | | Transaction ID : SA11AI.5526 |
| City Cary | State NC | Zip Code 27511 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period Contribution 250.00 |
| Name of Employer Self | Occupation Insurance | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) Tricia Parker | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2012 |
| Mailing Address 1129 Tazwell Place | | Transaction ID : SA11AI.5494 |
| City Raleigh | State NC | Zip Code 27612 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period Contribution 250.00 |
| Name of Employer Home Maker | Occupation Home Maker | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 11 OF 30 |
| | <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)
Paul Coble for Congress

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) R. Doyle Parrish | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2012 |
| Mailing Address 2609 Kingsley Road | | Transaction ID : SA11AI.5496 |
| City Raleigh | State NC | Zip Code 27612 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Summit Hospitality | Occupation President | Amount of Each Receipt this Period Contribution 1000.00 |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1250.00 | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) Michael Patterson | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2012 |
| Mailing Address 3328 Granville Drive | | Transaction ID : SA11AI.5436 |
| City Raleigh | State NC | Zip Code 27609 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer CapStone Bank | Occupation Banker | Amount of Each Receipt this Period Contribution 1000.00 |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) Gary Pendleton | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2012 |
| Mailing Address 2908 Lake Boone Place | | Transaction ID : SA11AI.5556 |
| City Raleigh | State NC | Zip Code 27608 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer Self | Occupation Insurance | Amount of Each Receipt this Period Contribution 300.00 |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1650.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2300.00 |
| 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 12 OF 30 |
| | <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)
Paul Coble for Congress

A. Full Name (Last, First, Middle Initial)
Barbara Pinna

Mailing Address 313 Glasgow Road

City Cary State NC Zip Code 27511

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

Name of Employer Self Occupation Property Management

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 05 / 2012

Transaction ID : SA11AI.5447

Amount of Each Receipt this Period
 Contribution 500.00

B. Full Name (Last, First, Middle Initial)
Randall Proctor

Mailing Address 3637 Alleghany Drive

City Raleigh State NC Zip Code 27609

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

Name of Employer Self Occupation Insurance

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2012

Transaction ID : SA11AI.5508

Amount of Each Receipt this Period
 Contribution 500.00

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

Mailing Address 1101 Blenheim Drive

City Raleigh State NC Zip Code 27612

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

Name of Employer Self Occupation Business Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2012

Transaction ID : SA11AI.5520

Amount of Each Receipt this Period
 Contribution 500.00

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 13 OF 30 |
| | <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)
Paul Coble for Congress

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Tula Robbins | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2012 | |
| Mailing Address 705 Marlowe Road | | Transaction ID : SA11AI.5514 | |
| City Raleigh | State NC | Amount of Each Receipt this Period Contribution 200.00 | |
| Zip Code 27609 | | Amount of Each Receipt this Period Contribution 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period Contribution 200.00 | |
| Name of Employer Retired | Occupation Retired | Amount of Each Receipt this Period Contribution 200.00 | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | Amount of Each Receipt this Period Contribution 200.00 | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. David Rodger | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2012 | |
| Mailing Address 110 Pasquotank Drive | | Transaction ID : SA11AI.5509 | |
| City Raleigh | State NC | Amount of Each Receipt this Period Contribution 250.00 | |
| Zip Code 27609 | | Amount of Each Receipt this Period Contribution 250.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period Contribution 250.00 | |
| Name of Employer Best Efforts | Occupation Best Efforts | Amount of Each Receipt this Period Contribution 250.00 | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | Amount of Each Receipt this Period Contribution 250.00 | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Susan Safran | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2012 | |
| Mailing Address 213 Transylvania Ave. | | Transaction ID : SA11AI.5538 | |
| City Raleigh | State NE | Amount of Each Receipt this Period Contribution 250.00 | |
| Zip Code 27609 | | Amount of Each Receipt this Period Contribution 250.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period Contribution 250.00 | |
| Name of Employer Homemaker | Occupation Homemaker | Amount of Each Receipt this Period Contribution 250.00 | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | Amount of Each Receipt this Period Contribution 250.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 700.00 |
| TOTAL This Period (last page this line number only)..... | 700.00 |

**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 30 |
| | <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)
Paul Coble for Congress

A. Full Name (Last, First, Middle Initial)
Christina Shanahan

Mailing Address 1704 Brassfield Road

City Raleigh State NC Zip Code 27614

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

Name of Employer Compass NC Occupation Management

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 16 / 2012

Transaction ID : SA11AI.5521

Amount of Each Receipt this Period
500.00

Contribution

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

Mailing Address 420 Bloomsbury Park Drive

City San Marcos State CA Zip Code 92069

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 09 / 2012

Transaction ID : SA11AI.5456

Amount of Each Receipt this Period
1000.00

Contribution

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

Mailing Address 504 Foxhall Street

City Raleigh State NC Zip Code 27609

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 16 / 2012

Transaction ID : SA11AI.5518

Amount of Each Receipt this Period
250.00

Contribution

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 15 OF 30
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Paul Coble for Congress

A. Full Name (Last, First, Middle Initial)
David Wentz III

Mailing Address 1413 Chatsworth Lane

City Raleigh State NC Zip Code 27614

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

Name of Employer USANA Health Services Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : SA11AI.5530

Amount of Each Receipt this Period
 Contribution 1000.00

Election Cycle-to-Date
 1000.00

B. Full Name (Last, First, Middle Initial)
Young Family Holdings, LLC

Mailing Address 111 Meadow Drive

City Cary State NC Zip Code 27511

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2012

Transaction ID : SA11AI.5854

Amount of Each Receipt this Period
 In-kind - Rent Reduction of 450.00

Election Cycle-to-Date
 1350.00

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).....

1450.00

16650.00

**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 16 OF 30 |
| | <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)
Paul Coble for Congress

Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

A. Mailing Address 412 FIRST STREET, SE, SUITE 300

City: WASHINGTON State: DC Zip Code: 20003

FEC ID number of contributing federal political committee: **C** C00022343

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____ 2500.00

Date of Receipt: 04 / 09 / 2012

Transaction ID : SA11C.5453

Amount of Each Receipt this Period: 2500.00

Contribution

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF HOME BUILDERS

B. Mailing Address 1201 15TH ST NW

City: WASHINGTON State: DC Zip Code: 20005

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

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____ 2500.00

Date of Receipt: 04 / 18 / 2012

Transaction ID : SA11C.5562

Amount of Each Receipt this Period: 2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mailing Address _____

City: _____ State: _____ Zip Code: _____

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

Name of Employer: _____ Occupation: _____

Receipt For: _____
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: _____ / _____ / _____

Amount of Each Receipt this Period: _____

Contribution

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

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

5000.00

5000.00

**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 17 OF 30 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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)
Paul Coble for Congress

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

Mailing Address 2412 Tyson Street

City Raleigh State NC Zip Code 27612

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

Name of Employer Self Occupation Insurance

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1798.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : SA13A.5584

Amount of Each Receipt this Period
217.25

Mileage 4/1-4/18

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

Mailing Address 2412 Tyson Street

City Raleigh State NC Zip Code 27612

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

Name of Employer Self Occupation Insurance

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1941.19

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : SA13A.5585

Amount of Each Receipt this Period
142.78

Meals and Expenses from 4/1-4/18/2012

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).....

360.03

360.03

**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 30 | | | |
| | <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)
Paul Coble for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. BB&T Bank | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012 |
| Mailing Address 3701 Barrett Drive | | Amount of Each Disbursement this Period 230.78 |
| City Raleigh | State NC | |
| Zip Code 27609 | Purpose of Disbursement Merchant Fee for Credit Card Processing | Transaction ID : SB17.5529 |
| Candidate Name | Category/Type 003 | |
| 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) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Grass Roots Targeting | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012 |
| Mailing Address 814 King Street, Suite 420 | | Amount of Each Disbursement this Period 635.00 |
| City Alexandria | State VA | |
| Zip Code 22314 | Purpose of Disbursement Media - Website Hosting and Updates | Transaction ID : SB17.5415 |
| Candidate Name | Category/Type 004 | |
| 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) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Kohn and Associates | | Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012 |
| Mailing Address 1140 Harp Street | | Amount of Each Disbursement this Period 400.00 |
| City Raleigh | State NC | |
| Zip Code 27604 | Purpose of Disbursement Salary - Reimburse for Sign Fee | Transaction ID : SB17.5413 |
| 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) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1265.78 |
| 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 30 | | | |
| | <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)
Paul Coble for Congress

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Kohn and Associates | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012 | |
| Mailing Address 1140 Harp Street | | | Amount of Each Disbursement this Period 3500.00 | |
| City Raleigh | State NC | Zip Code 27604 | Transaction ID : SB17.5418 | |
| Purpose of Disbursement Salary | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Metro Productions, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012 | |
| Mailing Address 6005 Chapel Hill Road | | | Amount of Each Disbursement this Period 585.71 | |
| City Raleigh | State NC | Zip Code 27607 | Transaction ID : SB17.5425 | |
| Purpose of Disbursement Printing - Palm Cards | | Category/ Type 006 | | |
| 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) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Metro Productions, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012 | |
| Mailing Address 6005 Chapel Hill Road | | | Amount of Each Disbursement this Period 2882.32 | |
| City Raleigh | State NC | Zip Code 27607 | Transaction ID : SB17.5566 | |
| Purpose of Disbursement Printing - Invitations | | Category/ Type 007 | | |
| 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) | | | |
| State: District: | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6968.03 |
| 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 30 | |
| | <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)
Paul Coble for Congress

A. OnMessage Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 2130 Priest Bridge Drive
Suite 11

City Crofton State MD Zip Code 21114

Purpose of Disbursement Media - Cable Buy 004 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement M M / D D / Y Y Y Y
04 / 06 / 2012

Amount of Each Disbursement this Period
4996.00

Transaction ID : SB17.5417

B. OnMessage Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 2130 Priest Bridge Drive
Suite 11

City Crofton State MD Zip Code 21114

Purpose of Disbursement Media - Cable Buy 004 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement M M / D D / Y Y Y Y
04 / 12 / 2012

Amount of Each Disbursement this Period
7508.00

Transaction ID : SB17.5421

c. OnMessage Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 2130 Priest Bridge Drive
Suite 11

City Crofton State MD Zip Code 21114

Purpose of Disbursement Media - Cable Buy 004 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement M M / D D / Y Y Y Y
04 / 12 / 2012

Amount of Each Disbursement this Period
4000.00

Transaction ID : SB17.5423

SUBTOTAL of Disbursements This Page (optional)..... 16504.00

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 21 OF 30 | |
| | <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)
Paul Coble for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Young Family Holdings, LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012 |
| Mailing Address 111 Meadow Drive | | Amount of Each Disbursement this Period 500.00 |
| City Cary | State NC Zip Code 27511 | |
| Purpose of Disbursement Rent 4800 Barrett Drive for May 2012 | | Transaction ID : SB17.5419 |
| Candidate Name | | |
| Office Sought: | Disbursement For: 2012 | Category/Type 001 |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Young Family Holdings, LLC | | Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012 |
| Mailing Address 111 Meadow Drive | | Amount of Each Disbursement this Period 450.00 |
| City Cary | State NC Zip Code 27511 | |
| Purpose of Disbursement In-kind - Rent Reduction of 450.00 | | Transaction ID : SB17.5855 |
| Candidate Name | | |
| Office Sought: | Disbursement For: 2012 | Category/Type 012 |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 950.00 |
| TOTAL This Period (last page this line number only)..... | 25687.81 |

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Paul Coble for Congress

Transaction ID : SC/10.4548

LOAN SOURCE Full Name (Last, First, Middle Initial)

Paul Coble

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
2412 Tyson Street

City State ZIP Code
Raleigh NC 27612

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
111.00 0.00 111.00

TERMS

Date Incurred Date Due Interest Rate Secured:
07 / 18 / 2011 M M / D D / 12/01/2012 0.00 % (apr) Yes No

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

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional)..... ▶ 111.00

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Paul Coble for Congress

Transaction ID : **SC/10.4551**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Paul Coble

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
2412 Tyson Street

City State ZIP Code
Raleigh NC 27612

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
68.85 0.00 68.85

TERMS

Date Incurred Date Due Interest Rate Secured:
09 / 13 / 2011 M M / D D / Y Y / Y Y 12/1/2012 Y 0.00 % (apr) Yes No

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

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

SUBTOTALS This Period This Page (optional)..... ▶ 68.85

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) **Paul Coble** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 2412 Tyson Street

City Raleigh State NC ZIP Code 27612

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 290.44 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 290.44 |
|-----------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|---------------------------------|-------------------------------|---|
| Date Incurred M 09 / D 30 / Y 2011 | Date Due M / D / Y 12/1/2012 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|---------------------------------|-------------------------------|---|

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

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|------------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | [] 290.44 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) **Paul Coble** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
 2412 Tyson Street

City Raleigh State NC ZIP Code 27612

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 739.68 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 739.68 |
|-----------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|----------------------------------|-------------------------------|---|
| Date Incurred M 12 / D 30 / Y 2011 | Date Due M / D / Y 12/31/2013 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|----------------------------------|-------------------------------|---|

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

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|--|-------------------------------------|
| SUBTOTALS This Period This Page (optional)..... | <input type="text" value="739.68"/> |
| TOTALS This Period (last page in this line only)..... | <input type="text"/> |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Paul Coble for Congress** Transaction ID : **SC/10.5398**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Paul Coble** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
2412 Tyson Street

City Raleigh State NC ZIP Code 27612

| | | |
|----------------------------------|------------------------------------|--|
| Original Amount of Loan 48.87 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 48.87 |
|----------------------------------|------------------------------------|--|

TERMS

| | | | |
|---------------------------------------|----------------------------------|-------------------------------|---|
| Date Incurred M 02 / D 08 / Y 2012 | Date Due M / D / Y 12/31/2012 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|----------------------------------|-------------------------------|---|

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

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|--|------------------------------------|
| SUBTOTALS This Period This Page (optional)..... | <input type="text" value="48.87"/> |
| TOTALS This Period (last page in this line only)..... | <input type="text"/> |

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Paul Coble for Congress

Transaction ID : **SC/10.5271**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Paul Coble

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
2412 Tyson Street

City State ZIP Code
Raleigh NC 27612

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 193.57 | 0.00 | 193.57 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|----------------|----------|---------------|---|
| 03 / 17 / 2012 | 1/1/2013 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional)..... ▶ 193.57

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) **Paul Coble** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
2412 Tyson Street

City Raleigh State NC ZIP Code 27612

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 128.75 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 128.75 |
|-----------------------------------|------------------------------------|---|

TERMS

| | | | |
|---------------------------------------|--------------------------------------|-------------------------------|---|
| Date Incurred M 03 / D 20 / Y 2012 | Date Due M M / D D / Y 12/31/2012 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|--------------------------------------|-------------------------------|---|

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

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|------------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | [] 128.75 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

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

SCHEDULE C (FEC Form 3)
LOANS

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

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Paul Coble | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2412 Tyson Street | |

| | | |
|---------|-------|----------|
| City | State | ZIP Code |
| Raleigh | NC | 27612 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 217.25 | 0.00 | 217.25 |

TERMS

| | | | |
|----------------|------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 04 / 18 / 2012 | 12/31/2012 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|--------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 217.25 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Paul Coble for Congress** Transaction ID : **SC/10.5585**

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Paul Coble | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2412 Tyson Street | |

| | | |
|---------|-------|----------|
| City | State | ZIP Code |
| Raleigh | NC | 27612 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 142.78 | 0.00 | 142.78 |

TERMS

| | | | |
|----------------|------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 04 / 18 / 2012 | 12/31/2012 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|---------|
| SUBTOTALS This Period This Page (optional)..... | 142.78 |
| TOTALS This Period (last page in this line only)..... | 1941.19 |

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