

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

Scottie Mayfield for Congress

ADDRESS (number and street)

PO Box 788

Check if different than previously reported. (ACC)

Athens

TN

37303

2. FEC IDENTIFICATION NUMBER

C C00511691

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

TN

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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY
10/01/2012 through 12/31/2012

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 Richard Rush

Signature of Treasurer Richard Rush

[Electronically Filed]

Date

MM/DD/YYYY
01/31/2013

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

Table with 8 columns and 1 row for Office Use Only.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Scottie Mayfield 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))....	102715.14	781684.85
(b) Total Contribution Refunds (from Line 20(d))		51368.32
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	102715.14	730316.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1622.5	731276.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	183.95	959.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1438.55	730316.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

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

Scottie Mayfield 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).....	<input type="text"/>	<input type="text" value="626956.78"/>
(ii) Unitemized.....	<input type="text"/>	<input type="text" value="31554"/>
(iii) TOTAL of contributions from individuals ▶	<input type="text"/>	<input type="text" value="658510.78"/>
(b) Political Party Committees.....	<input type="text"/>	<input type="text"/>
(c) Other Political Committees (such as PACs).....	<input type="text"/>	<input type="text" value="7500"/>
(d) The Candidate.....	<input type="text" value="102715.14"/>	<input type="text" value="115674.07"/>
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	<input type="text" value="102715.14"/>	<input type="text" value="781684.85"/>
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	<input type="text"/>	<input type="text"/>
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	<input type="text"/>	<input type="text" value="150000"/>
(b) All Other Loans.....	<input type="text"/>	<input type="text"/>
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	<input type="text"/>	<input type="text" value="150000"/>
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	<input type="text" value="183.95"/>	<input type="text" value="959.82"/>
15. OTHER RECEIPTS (Dividends, Interest, etc.)	<input type="text"/>	<input type="text"/>
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	<input type="text" value="102899.09"/>	<input type="text" value="932644.67"/>

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1622.5	731276.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	150000	150000
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	150000	150000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		51368.32
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		51368.32
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	151622.5	932644.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	48723.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	102899.09
25. SUBTOTAL (add Line 23 and Line 24).....	151622.5
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	151622.5
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 8
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Scottie Mayfield for Congress

A. Full Name (Last, First, Middle Initial)
Charles Scott Mayfield Jr

Mailing Address 151 Highway 307

City Athens State TN Zip Code 37303

FEC ID number of contributing federal political committee. **C H2TN03151**

Name of Employer Scottie Mayfield Consulting Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
115674.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 19 / 2012

Transaction ID : SA11D-CN1032

Amount of Each Receipt this Period
102715.14

Conversion of Loan to Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

102715.14

102715.14

**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 6 OF 8			
	<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)
Scottie Mayfield for Congress

Full Name (Last, First, Middle Initial) A. FEC Financial Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1000.00
City Potomac Falls	State VA	Zip Code 20165
Purpose of Disbursement Accounting Services	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX299
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Accounting Services
State: District:		

Full Name (Last, First, Middle Initial) B. FEC Financial Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 222.50
City Potomac Falls	State VA	Zip Code 20165
Purpose of Disbursement Accounting Services	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX300
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Accounting Services
State: District:		

Full Name (Last, First, Middle Initial) C. FEC Financial Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 400.00
City Potomac Falls	State VA	Zip Code 20165
Purpose of Disbursement Accounting Services	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX301
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Accounting Services
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1622.50
TOTAL This Period (last page this line number only).....	1622.50

**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 7 OF 8	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Scottie Mayfield for Congress

Full Name (Last, First, Middle Initial) A. Charles Mayfield		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012
Mailing Address 151 Highway 307		Amount of Each Disbursement this Period 47284.86
City Athens State TN Zip Code 37303	Purpose of Disbursement Repay Loan	
Candidate Name Charles Mayfield		Transaction ID : SB19A-LP1
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: TN District: 03	Category/Type	Loan Payment

Full Name (Last, First, Middle Initial) B. Charles Mayfield		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 151 Highway 307		Amount of Each Disbursement this Period 102715.14
City Athens State TN Zip Code 37303	Purpose of Disbursement Repay Loan	
Candidate Name Charles Mayfield		Transaction ID : SB19A-LP2
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: TN District: 03	Category/Type	Loan Conversion to Contribution

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	
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).....	150000.00
TOTAL This Period (last page this line number only).....	150000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC10-LN1**
Scottie Mayfield for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Charles Mayfield Primary
Mailing Address 151 Highway 307 General
 Other (specify) ▼

City State ZIP Code
Athens TN 37303

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000	150000.00	.00

TERMS Date Incurred Date Due Interest Rate Secured:
M 07 / D 06 / Y 2012 M 01 / D 01 / Y 2013 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).....	[] 0.00
TOTALS This Period (last page in this line only).....	[] 0.00

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