

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
CASTEEN FOR CONGRESS

ADDRESS (number and street) PO BOX 12028
 Check if different than previously reported. (ACC) WILMINGTON NC 28405

2. **FEC IDENTIFICATION NUMBER** C C00562314 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NC 07

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2014 through M M / D D / Y Y Y Y 09 / 30 / 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. Robert CPA Poole II

Signature of Treasurer Mr. Robert CPA Poole II *[Electronically Filed]* Date M M / D D / Y Y Y Y 10 / 14 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CASTEN 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))....	4417.19	22757.55
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4417.19	22757.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9013.77	25548.56
(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)).....	9013.77	25548.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	358.99	
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).....	3150.00	

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

CASTEEN 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).....	1580.00	11230.00
(ii) Unitemized.....	670.00	2315.00
(iii) TOTAL of contributions from individuals ▶	2250.00	13545.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	2167.19	9212.55
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4417.19	22757.55
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.....	1750.00	3150.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1750.00	3150.00
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)..... ▶	6167.19	25907.55

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9013.77	25548.56
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	9013.77	25548.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3205.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6167.19
25. SUBTOTAL (add Line 23 and Line 24).....	9372.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9013.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	358.99

**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 13
	<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)
CASTEEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Garrett Ludlum		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2014
Mailing Address PO Box 711		Transaction ID : SA11AI.4251
City Warsaw	State NC	
Zip Code 28396		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Attorney	
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) B. Andrew McVey		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2014
Mailing Address 6213 Tree Toad Ct.		Transaction ID : SA11AI.4238
City Wilmington	State NC	
Zip Code 28411		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) C. Troy Thorup		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2014
Mailing Address 1659 Lake Tree Dr. SW		Transaction ID : SA11AI.4229
City Ocean Isle Beach	State NC	
Zip Code 28469		Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Delta Airlines	Occupation Purser	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 580.00	

SUBTOTAL of Receipts This Page (optional).....	1580.00
TOTAL This Period (last page this line number only).....	1580.00

**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 8 OF 13	
	<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)
CASTEEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 5stardesign		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 2015 Swimminghole Cir		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4259
City Raleigh	State NC Zip Code 27610	
Purpose of Disbursement Vehicle Graphic	Category/Type 004	
Candidate Name CASTEEN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NC District: 07	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 57.57 Transaction ID : SB17.4257
City Baton Rouge	State LA Zip Code 70808	
Purpose of Disbursement Merchant Fees	Category/Type 003	
Candidate Name CASTEEN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NC District: 07	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. J. WESLEY CASTEEN		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address P.O. BOX 12028		Amount of Each Disbursement this Period 2167.19 Transaction ID : SB17.4297
City WILMINGTON	State NC Zip Code 28405	
Purpose of Disbursement In-kind - Travel expenses	Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NC District: 07	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	2974.76
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 9 OF 13	
	<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)
CASTEEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dan Froelich		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 310 Hinton View Lane		Amount of Each Disbursement this Period 547.00 Transaction ID : SB17.4262
City Knightdale	State NC	
Zip Code 27545	Purpose of Disbursement Website Redesign	Category/ Type 001
Candidate Name CASTEEN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 07	

Full Name (Last, First, Middle Initial) B. Metro Productions		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address 6005 Chapel Hill Road		Amount of Each Disbursement this Period 513.47 Transaction ID : SB17.4293
City Raleigh	State NC	
Zip Code 27607	Purpose of Disbursement Campaign Palm Cards	Category/ Type 006
Candidate Name CASTEEN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 07	

Full Name (Last, First, Middle Initial) c. My Campaign Store, LLC		Date of Disbursement MM / DD / YYYY 09 / 17 / 2014
Mailing Address 304 Whittington Pkwy, #201		Amount of Each Disbursement this Period 1714.06 Transaction ID : SB17.4270
City Louisville	State KY	
Zip Code 40222	Purpose of Disbursement Campaign Signs	Category/ Type 006
Candidate Name CASTEEN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 07	

SUBTOTAL of Disbursements This Page (optional).....	2774.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 13	
	<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)
CASTEEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. New Frame, LLC		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 114 Southwold Dr		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4273
City Cary	State NC Zip Code 27519	
Purpose of Disbursement Campaign Consulting	001	Category/ Type
Candidate Name CASTEEN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 07		

Full Name (Last, First, Middle Initial) B. New Frame, LLC		Date of Disbursement MM / DD / YYYY 08 / 26 / 2014
Mailing Address 114 Southwold Dr		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4267
City Cary	State NC Zip Code 27519	
Purpose of Disbursement Consulting	001	Category/ Type
Candidate Name CASTEEN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 07		

Full Name (Last, First, Middle Initial) c. New Frame, LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address 114 Southwold Dr		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4272
City Cary	State NC Zip Code 27519	
Purpose of Disbursement Campaign Consulting	001	Category/ Type
Candidate Name CASTEEN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 07		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
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 11 OF 13	
	<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)
CASTEEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Signs By Tomorrow		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 112 N. Cardinal Sr. Ste. 108		Amount of Each Disbursement this Period 74.90 Transaction ID : SB17.4274
City Wilmington	State NC	
Purpose of Disbursement Campaign Signs	Category/ Type 006	
Candidate Name CASTEEN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 07	

Full Name (Last, First, Middle Initial) B. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 314 Lennon Dr		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.4279
City Wilmington	State NC	
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name CASTEEN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 07	

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	
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).....	80.65
TOTAL This Period (last page this line number only).....	8329.94

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4255**
CASTEEN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) J WESLEY CASTEEN	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 12028	

City	State	ZIP Code
WILMINGTON	NC	28405

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1750.00	0.00	1750.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 18 / 2014	12/31/15	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).....	▶	1750.00
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**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4183**
CASTEEN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) LIBERTARIAN PARTY OF NORTH CAROLINA	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 28141	

City	State	ZIP Code
RALEIGH	NC	27611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1400.00	0.00	1400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 12 / Y 2014 Y	M M / D D / Y 12/31/14 Y	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).....	▶	1400.00
TOTALS This Period (last page in this line only).....	▶	3150.00

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