

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2016 APR 18 AM 8:03 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

BILL BUNCH FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 901

Check if different than previously reported. (ACC)

TAZEWELL

NA

246511

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00603480

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE DISTRICT

NA

109

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 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 Y Y

in the State of

5. Covering Period

01 01 2016

through

03 31 2016

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 Meletha Robin McLann

Signature of Treasurer Meletha Robin McLann

Date 04 12 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

BILL BUNCH FOR CONGRESS

Report Covering the Period: From:

01 01 2016

To:

03 31 2016

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))....

4386.32

4386.32

(b) Total Contribution Refunds
(from Line 20(d)).....

000

000

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a)).....

4386.32

4386.32

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17).....

667.62

667.62

(b) Total Offsets to Operating
Expenditures (from Line 14).....

000

000

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a)).....

667.62

667.62

8. Cash on Hand at Close of
Reporting Period (from Line 27).....

3718.70

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D).....

000

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D).....

000

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)

Page 3

Write or Type Committee Name

BILL BUNCH FOR CONGRESS

Report Covering the Period: From:

01 ' 01 ' 2016

To:

03 ' 31 ' 2016

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).....

1,550.00

1,550.00

(ii) Unitemized.....

2,136.32

2,136.32

(iii) TOTAL of contributions from individuals ▶

3,686.32

3,686.32

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

700.00

700.00

(e) TOTAL CONTRIBUTIONS

(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

4,386.32

4,386.32

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

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)..... ▶

4,386.32

4,386.32

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	667.62	667.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	000	000
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	000	000
(b) Of All Other Loans.....	000	000
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	000	000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	000	000
(b) Political Party Committees.....	000	000
(c) Other Political Committees (such as PACs).....	000	000
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	000	000
21. OTHER DISBURSEMENTS.....	000	000
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	667.62	667.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	000
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4,386.32
25. SUBTOTAL (add Line 23 and Line 24).....	4,386.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	667.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3,718.70

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

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) **BILL BUNCH FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)
Armentrout, Elizabeth L.

Mailing Address
444 Dorsey Lane

City **Tazewell,** State **VA** Zip Code **24651**

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

Name of Employer **Self** Occupation **Psychiatrist**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
300 00

Date of Receipt
01 / **01** / **2016**

Amount of Each Receipt this Period
300 00

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

Mailing Address
P.O. Box 427

City **Tazewell,** State **VA** Zip Code **24651**

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

Name of Employer **Self** Occupation **Stock Broker**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250 00

Date of Receipt
02 / **04** / **2016**

Amount of Each Receipt this Period
250 00

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

Mailing Address
6 West Druid Hills Drive

City **Atlanta,** State **GA** Zip Code **30329**

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

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

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000 00

Date of Receipt
02 / **22** / **2016**

Amount of Each Receipt this Period
1000 00

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

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

1550 00

1550 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 OF

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input 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)

BILL BUNCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Bill Bunch

Mailing Address

444 Dorsey Lane

City Tazewell, VA

State Zip Code
24651

Purpose of Disbursement
Travel Reimbursement

Candidate Name
William C. Bunch

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: VA District: 09

Date of Disbursement

03 / 02 / 2016

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Clinch Valley Printing

Mailing Address

P.O. Box 390

City Tazewell, VA

State Zip Code
24651

Purpose of Disbursement
Overhead Expenses

Candidate Name
William C. Bunch

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: VA District: 09

Date of Disbursement

02 / 09 / 2016

Amount of Each Disbursement this Period

179.01

Full Name (Last, First, Middle Initial)

C. Clinch Valley Printing

Mailing Address

P.O. Box 390

City Tazewell, VA

State Zip Code
24651

Purpose of Disbursement
Campaign Materials

Candidate Name
William C. Bunch

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: VA District: 09

Date of Disbursement

02 / 09 / 2016

Amount of Each Disbursement this Period

42.12

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

421.13

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 OF

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input 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)

BILL BUNCH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Tazewell Free Press

Mailing Address

1249 Front Street

City **Richlands**

State **VA**

Zip Code **24641**

Purpose of Disbursement

Classified Ad

Candidate Name

William C. Burch

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **VA**

District: **09**

Date of Disbursement

01 / **26** / **2016**

Amount of Each Disbursement this Period

212.00

Full Name (Last, First, Middle Initial)

B. First Community Bank / Deluxe

Mailing Address

643 E. Riverside Dr.

City **North Tazewell**

State **VA**

Zip Code **24630**

Purpose of Disbursement

Checks & Bank Svc. Chgs.

Candidate Name

William C. Burch

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **VA**

District: **09**

Date of Disbursement

01 / **20** / **2016**

Amount of Each Disbursement this Period

34.49

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / **DD** / **YYYY**

Amount of Each Disbursement this Period

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

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

246.49

667.62

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) **BILL BUNCH FOR CONGRESS**

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

Mailing Address

City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

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

TERMS

Date Incurred Date Due Interest Rate Secured:

/ / / / % (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: <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)..... ► 000

TOTALS This Period (last page in this line only) ► 000

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

1-800-424-9546

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C _____	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan _____	Interest Rate (APR) _____ %	
Mailing Address	Date Incurred or Established _____/_____/_____		
City	State	Zip Code	Date Due _____/_____/_____

A. Has loan been restructured? No Yes If yes, date originally incurred _____/_____/_____

B. If line of credit,
 Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Location of account: _____
 Address: _____
 Date account established: _____/_____/_____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE _____/_____/_____
---	---------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE _____/_____/_____
--	-------	---------------------------

**SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full) **BILL BUNCH FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="000"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="000"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text" value="000"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="000"/>

rdn For congress

901

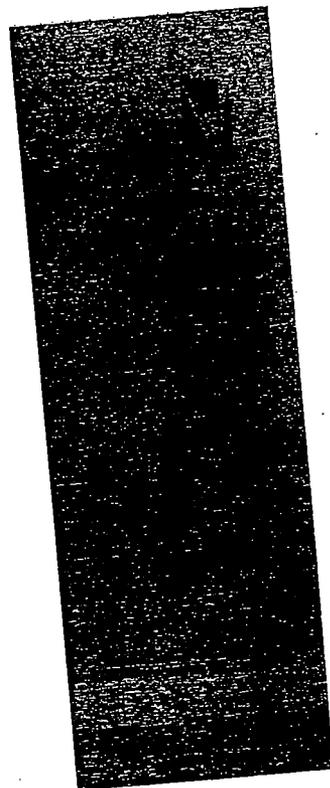
VA 244651

CERTIFIED MAIL



7015 1660 0000 2585 8221

Federal Election Commission
999 E. Street, NW
Washington, D.C. 204103



RECEIVED
FEB MAIL CENTER
2005 APR 18 AM 9:03

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4/13/16
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2015)

4/18/16
DATE PREPARED

UNCOMMUNICATED INFORMATION