

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 JEFF HUNT FOR CONGRESS

ADDRESS (number and street) PO BOX 1001 Check if different than previously reported. (ACC) BREVARD NC 28712

2. FEC IDENTIFICATION NUMBER C C00500728 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT NC 11

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 04 / 19 / 2012 through 06 / 30 / 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 Zacheus Harvey Daw III

Signature of Treasurer Zacheus Harvey Daw III [Electronically Filed] Date 07 / 13 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JEFF HUNT 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))....	7487.39	146397.88
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6487.39	145397.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	49471.62	157197.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	280.00	280.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	49191.62	156917.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JEFF HUNT FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 19 / 2012 To: M M / D D / Y Y Y Y 06 / 30 / 2012

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).....	950.00	125295.49
(ii) Unitemized.....	1721.00	15891.00
(iii) TOTAL of contributions from individuals ▶	2671.00	141186.49
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	395.00
(d) The Candidate.....	4816.39	4816.39
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7487.39	146397.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	11600.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	11600.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	280.00	280.00
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)..... ▶	7767.39	158277.88

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	49471.62	157197.88
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	1000.00	1000.00
(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)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS	0.00	80.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	50471.62	158277.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	42704.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7767.39
25. SUBTOTAL (add Line 23 and Line 24).....	50471.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50471.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 20
	<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)
JEFF HUNT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Bruce Briggs

Mailing Address P. O. Box 81

City Mars Hill State NC Zip Code 28754

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

Name of Employer Self-employed Occupation Attorney

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 / 24 / 2012

Transaction ID : SA11AI.5309

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Ann S. Ives

Mailing Address P. O. Box 306

City Brevard State NC Zip Code 28712

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2012

Transaction ID : SA11AI.5310

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Riddle

Mailing Address 158 Green Meadow Dr.

City Mars Hill State NC Zip Code 28754

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

Name of Employer NCDOT Occupation Senior Right Of Way

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 / 24 / 2012

Transaction ID : SA11AI.5301

Amount of Each Receipt this Period
100.00

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

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: PAGE 6 OF 20
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
JEFF HUNT FOR CONGRESS

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

Mailing Address P. O. Box 815

City Rutherford College State NC Zip Code 28671

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

Name of Employer Self-employed Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : SA11A1.5300

Amount of Each Receipt this Period
 _____ 250.00

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).....

_____ 250.00

_____ 950.00

**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 20
	<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	

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NAME OF COMMITTEE (In Full)
JEFF HUNT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JEFFREY PAUL HUNT

Mailing Address PO BOX 1001

City State Zip Code
BREVARD NC 28712

FEC ID number of contributing federal political committee. **C H2NC11072**

Name of Employer Occupation
State of North Carolina Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
16716.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 29 2012

Transaction ID : SA11D.5372

Amount of Each Receipt this Period
4816.39

Debt Retirement

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).....

4816.39

4816.39

**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 20
	<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	

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NAME OF COMMITTEE (In Full)
JEFF HUNT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Foothills Radio Group

Mailing Address P. O. Box 1678

City Lenoir State NC Zip Code 28645

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : SA14.5360

Amount of Each Receipt this Period
280.00

Vendor Refund - Over Payment

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).....

280.00

280.00

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 9 OF 20			
	<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)
JEFF HUNT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Advantage Printing			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 1848 Brevard Road			Amount of Each Disbursement this Period 3566.09 Transaction ID : SB17.5349
City Arden	State NC	Zip Code 28704	
Purpose of Disbursement Direct Mail Services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Capitol Promotions			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address PO Box 231			Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.5338
City Glenside	State PA	Zip Code 19038	
Purpose of Disbursement Yard Signs, Shipping		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Capitol Promotions			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address PO Box 231			Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.5346
City Glenside	State PA	Zip Code 19038	
Purpose of Disbursement Yard Signs, Shipping		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).....	4966.09
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 20			
	<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)
JEFF HUNT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Charter Media		Date of Disbursement
Mailing Address 1305 10th Avenue Lane SE		M M / D D / Y Y Y Y 04 / 20 / 2012
City Hickory	State NC	Zip Code 28602
Purpose of Disbursement Advertising	Amount of Each Disbursement this Period 4284.00	
Candidate Name	Transaction ID : SB17.5341	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Charter Media		Date of Disbursement
Mailing Address 1305 10th Avenue Lane SE		M M / D D / Y Y Y Y 04 / 27 / 2012
City Hickory	State NC	Zip Code 28602
Purpose of Disbursement Advertising	Amount of Each Disbursement this Period 308.00	
Candidate Name	Transaction ID : SB17.5347	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) C. Clear Channel Radio		Date of Disbursement
Mailing Address 13 Summerlin Road		M M / D D / Y Y Y Y 04 / 19 / 2012
City Asheville	State NC	Zip Code 28806
Purpose of Disbursement Advertising	Amount of Each Disbursement this Period 888.00	
Candidate Name	Transaction ID : SB17.5331	
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	5480.00
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 20			
	<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)
JEFF HUNT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CM&Co, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 1855.83 Transaction ID : SB17.5356
City Raleigh	State NC	
Zip Code 27624	Purpose of Disbursement Accounting Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CM&Co, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 595.00 Transaction ID : SB17.5364
City Raleigh	State NC	
Zip Code 27624	Purpose of Disbursement Accounting Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Donehue Direct		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 5000.13 Transaction ID : SB17.5273
City Columbia	State SC	
Zip Code 29202	Purpose of Disbursement Advertising	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).....	7450.96
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 12 OF 20			
	<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)
JEFF HUNT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Donehue Direct		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 6458.66
City Columbia	State SC	
Zip Code 29202	Purpose of Disbursement New Media Services, Email Services	Transaction ID : SB17.5352
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Donehue Direct		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 3136.06
City Columbia	State SC	
Zip Code 29202	Purpose of Disbursement New Media Services, Email Services	Transaction ID : SB17.5362
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Foothills Radio Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address P. O. Box 1678		Amount of Each Disbursement this Period 840.00
City Lenoir	State NC	
Zip Code 28645	Purpose of Disbursement Advertising	Transaction ID : SB17.5342
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).....	10434.72
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 13 OF 20			
	<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)
JEFF HUNT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Go Nuts Media LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 62 West Main Street		Amount of Each Disbursement this Period 285.00 Transaction ID : SB17.5332
City Brevard State NC Zip Code 28712	Purpose of Disbursement Advertising Production	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Matthew J. Mercer		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 190 Ellisboro Road		Amount of Each Disbursement this Period 1375.00 Transaction ID : SB17.5351
City Madison State NC Zip Code 27025	Purpose of Disbursement Field Representative	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. Matthew J. Mercer		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 190 Ellisboro Road		Amount of Each Disbursement this Period 1375.00 Transaction ID : SB17.5358
City Madison State NC Zip Code 27025	Purpose of Disbursement Field Representative	
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).....	3035.00
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 14 OF 20			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JEFF HUNT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chase S. Philips		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 317 Park Avenue		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5333
City Brevard	State NC	
Zip Code 28712	Purpose of Disbursement Field Representative	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Chase S. Philips		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 317 Park Avenue		Amount of Each Disbursement this Period 1548.00 Transaction ID : SB17.5363
City Brevard	State NC	
Zip Code 28712	Purpose of Disbursement Field Representative	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Piryx		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 8.45 Transaction ID : SB17.5359
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fees	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).....	3556.45
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 15 OF 20		
	<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)
JEFF HUNT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 211 West Main Street		Amount of Each Disbursement this Period 4826.95
City Brevard	State NC	
Zip Code 28712	Purpose of Disbursement Postage	Transaction ID : SB17.5348
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 191.77
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Phone Services	Transaction ID : SB17.5340
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Cheri Winn		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 44 N. Johnson St		Amount of Each Disbursement this Period 630.00
City Brevard	State NC	
Zip Code 28712	Purpose of Disbursement Field Representative	Transaction ID : SB17.5350
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).....	5648.72
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 16 OF 20			
	<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)
JEFF HUNT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cheri Winn			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012	
Mailing Address 44 N. Johnson St			Amount of Each Disbursement this Period 677.03	
City Brevard	State NC	Zip Code 28712	Transaction ID : SB17.5354	
Purpose of Disbursement Field Representative		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Cheri Winn			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012	
Mailing Address 44 N. Johnson St			Amount of Each Disbursement this Period 375.00	
City Brevard	State NC	Zip Code 28712	Transaction ID : SB17.5355	
Purpose of Disbursement Field Representative		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. WLOS			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012	
Mailing Address 110 Technology Dr.			Amount of Each Disbursement this Period 7400.00	
City Asheville	State NC	Zip Code 28803	Transaction ID : SB17.5344	
Purpose of Disbursement Advertising		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).....	8452.03
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 17 OF 20	
	<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)
JEFF HUNT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Joy Yates		Date of Disbursement MM / DD / YYYY 05 / 04 / 2012
Mailing Address 35 N. Wynn Dr.		Amount of Each Disbursement this Period \$ 37.50
City Brevard	State NC	
Zip Code 28712	Purpose of Disbursement Field Representative	Transaction ID : SB17.5353
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
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).....	\$ 37.50
TOTAL This Period (last page this line number only).....	\$ 49061.47

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

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NAME OF COMMITTEE (In Full)
JEFF HUNT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ed Morrow			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012		
Mailing Address PO Box 1118			Amount of Each Disbursement this Period 1000.00		
City Rosman	State NC	Zip Code 28772	Transaction ID : SB20A.5375		
Purpose of Disbursement General Contribution Refund		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

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

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5370**
JEFF HUNT FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
JEFFREY PAUL HUNT Primary
 Mailing Address PO BOX 1001 General
 Other (specify) ▼

City State ZIP Code
 BREVARD NC 28712

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11600.00	0.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 30 / Y 2011	M M / D D / Y 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: <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).....	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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.5370

(Current loan amount of 11600.00 from a balance of 11600.00 has been forgiven)

Form/Schedule:

Transaction ID: