

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JOHN MCNEIL 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))....	5705.14	11290.41
(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)).....	5705.14	11290.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4762.17	14195.11
(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)).....	4762.17	14195.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3329.30	
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).....	4494.00	

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

JOHN MCNEIL 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).....	2906.80	6406.80
(ii) Unitemized	2359.00	4195.50
(iii) TOTAL of contributions from individuals	5265.80	10602.30
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	439.34	688.11
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5705.14	11290.41
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1000.00	4494.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1000.00	4494.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	1740.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	6705.14	17524.41

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4762.17	14195.11
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) ►	4762.17	14195.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1386.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6705.14
25. SUBTOTAL (add Line 23 and Line 24).....	8091.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4762.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3329.30

**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 21
	<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)
JOHN MCNEIL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Keith Aspenleiter

Mailing Address 3403 Talon Ct

City State Zip Code
wilmington NC 28409

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

Name of Employer Self Occupation Insurance Adjuster

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2016

Transaction ID : SA11AI.4380

Amount of Each Receipt this Period
400.00

Memo Item

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

Mailing Address PO Box 1895

City State Zip Code
Southern Pines NC 28388

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

Name of Employer Moore Equine Feed & Supply Occupation Owner/Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2820.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period
120.00

Memo Item
In-kind - NC Senior Democrats Table Fee

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

Mailing Address PO Box 1895

City State Zip Code
Southern Pines NC 28388

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

Name of Employer Moore Equine Feed & Supply Occupation Owner/Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2861.08

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2016

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period
41.08

Memo Item
In-kind - Picnic supplies

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

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

561.08

**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 21
	<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)
JOHN MCNEIL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kimberly Aspenleiter

Mailing Address PO Box 1895

City Southern Pines State NC Zip Code 28388

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

Name of Employer Moore Equine Feed & Supply Occupation Owner/Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3711.08**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2016

Transaction ID : SA11AI.4375

Amount of Each Receipt this Period
 _____ 850.00

Memo Item

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

Mailing Address PO Box 1895

City Southern Pines State NC Zip Code 28388

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

Name of Employer Moore Equine Feed & Supply Occupation Owner/Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3726.03**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period
 _____ 14.95

Memo Item
 In-kind - Postage

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

Mailing Address 2101 Talking Rock Drive

City Cary State NC Zip Code 27519

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

Name of Employer Cisco Occupation Project Consulting Specialist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **580.77**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2016

Transaction ID : SA11AI.4326

Amount of Each Receipt this Period
 _____ 380.77

Memo Item
 In-kind - Picnic Supplies/Food

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

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

_____ 1245.72

**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 21
	<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)
JOHN MCNEIL FOR CONGRESS

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

Mailing Address 2101 Talking Rock Drive

City Cary State NC Zip Code 27519

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

Name of Employer Cisco Occupation Project Consulting Specialist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1080.77**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : SA11AI.4357

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 7516 Welcome Drive

City Wake Forest State NC Zip Code 27587

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

Name of Employer Ellington Digital Forensics Occupation Forensic Examiner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 209 Center St

City Apex State NC Zip Code 27502-1701

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

Name of Employer McNeil Law Firm Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 16 / 2016

Transaction ID : SA11AI.4393

Amount of Each Receipt this Period
100.00

Memo Item

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

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

1100.00

2906.80

**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 21
	<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)
JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial) JOHN P MCNEIL		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2016	
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Transaction ID : SA11D.4467	
City RALEIGH State NC Zip Code 27615	Amount of Each Receipt this Period 84.34		
FEC ID number of contributing federal political committee. C H6NC13046	<input type="checkbox"/> Memo Item In-kind - Office Supplies		
Name of Employer McNeil Law Firm Occupation Attorney	Election Cycle-to-Date 3974.61		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) JOHN P MCNEIL		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2016	
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Transaction ID : SA11D.4468	
City RALEIGH State NC Zip Code 27615	Amount of Each Receipt this Period 147.50		
FEC ID number of contributing federal political committee. C H6NC13046	<input type="checkbox"/> Memo Item In-kind - Copies		
Name of Employer McNeil Law Firm Occupation Attorney	Election Cycle-to-Date 3890.27		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) JOHN P MCNEIL		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016	
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Transaction ID : SA11D.4469	
City RALEIGH State NC Zip Code 27615	Amount of Each Receipt this Period 68.75		
FEC ID number of contributing federal political committee. C H6NC13046	<input type="checkbox"/> Memo Item In-kind - Copies		
Name of Employer McNeil Law Firm Occupation Attorney	Election Cycle-to-Date 4080.61		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	300.59
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 9 OF 21
	<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)
JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial) JOHN P MCNEIL		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016	
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Transaction ID : SA11D.4470	
City RALEIGH State NC Zip Code 27615	Amount of Each Receipt this Period _____ 37.25		
FEC ID number of contributing federal political committee. C H6NC13046	<input type="checkbox"/> Memo Item In-kind - Fuel GOTV		
Name of Employer McNeil Law Firm Occupation Attorney	Election Cycle-to-Date _____ 4011.86		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) JOHN P MCNEIL		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2016	
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Transaction ID : SA11D.4471	
City RALEIGH State NC Zip Code 27615	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C H6NC13046	<input type="checkbox"/> Memo Item In-kind - Copies		
Name of Employer McNeil Law Firm Occupation Attorney	Election Cycle-to-Date _____ 5110.61		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) JOHN P MCNEIL		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2016	
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Transaction ID : SA11D.4472	
City RALEIGH State NC Zip Code 27615	Amount of Each Receipt this Period _____ 71.50		
FEC ID number of contributing federal political committee. C H6NC13046	<input type="checkbox"/> Memo Item In-kind - Copies		
Name of Employer McNeil Law Firm Occupation Attorney	Election Cycle-to-Date _____ 5182.11		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	_____ 138.75
TOTAL This Period (last page this line number only).....	_____ 439.34

**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 21
	<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)
JOHN MCNEIL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN P MCNEIL

Mailing Address 6325 FALLS OF NEUSE RD.
SUITE 35-233

City RALEIGH State NC Zip Code 27615

FEC ID number of contributing federal political committee. **C H6NC13046**

Name of Employer McNeil Law Firm Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5080.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA13A.4397

Amount of Each Receipt this Period
 _____ **1000.00**

Memo Item

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

_____ **1000.00**

_____ **1000.00**

**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 11 OF 21	
	<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)
JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kimberly Aspenleiter		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016
Mailing Address PO Box 1895		Amount of Each Disbursement this Period 120.00
City Southern Pines	State NC	
Zip Code 28388	Purpose of Disbursement In-kind - NC Senior Democrats Table Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4314
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kimberly Aspenleiter		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address PO Box 1895		Amount of Each Disbursement this Period 41.08
City Southern Pines	State NC	
Zip Code 28388	Purpose of Disbursement In-kind - Picnic supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4480
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Kimberly Aspenleiter		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016
Mailing Address PO Box 1895		Amount of Each Disbursement this Period 14.95
City Southern Pines	State NC	
Zip Code 28388	Purpose of Disbursement In-kind - Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.4414
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	176.03
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 12 OF 21			
	<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)
JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Elizabeth Crudup			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016		
Mailing Address 72 N Isabella St			Amount of Each Disbursement this Period 500.00		
City Coates	State NC	Zip Code 27521	Memo Item <input type="checkbox"/>		
Purpose of Disbursement GOTV/Voter Canvassing		Category/ Type	Transaction ID : SB17.4446		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Elizabeth Davis			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016		
Mailing Address 2101 Talking Rock Drive			Amount of Each Disbursement this Period 380.77		
City Cary	State NC	Zip Code 27519	Memo Item <input type="checkbox"/>		
Purpose of Disbursement In-kind - Picnic Supplies/Food		Category/ Type	Transaction ID : SB17.4351		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Hewitt Campaigns			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016		
Mailing Address 543 Doorley Rd			Amount of Each Disbursement this Period 2060.00		
City Sidney	State OH	Zip Code 45365	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Consulting Fee		Category/ Type	Transaction ID : SB17.4447		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2940.77
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 21			
	<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)
JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHN P MCNEIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Amount of Each Disbursement this Period 147.50
City RALEIGH State NC Zip Code 27615	Purpose of Disbursement In-kind - Copies	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4477

Full Name (Last, First, Middle Initial) B. JOHN P MCNEIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Amount of Each Disbursement this Period 84.34
City RALEIGH State NC Zip Code 27615	Purpose of Disbursement In-kind - Office Supplies	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4478

Full Name (Last, First, Middle Initial) C. JOHN P MCNEIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Amount of Each Disbursement this Period 37.25
City RALEIGH State NC Zip Code 27615	Purpose of Disbursement In-kind - Fuel GOTV	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4475

SUBTOTAL of Disbursements This Page (optional).....	269.09
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 14 OF 21			
	<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)
JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHN P MCNEIL		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Amount of Each Disbursement this Period 68.75
City RALEIGH State NC Zip Code 27615	Purpose of Disbursement In-kind - Copies	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4476

Full Name (Last, First, Middle Initial) B. JOHN P MCNEIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Amount of Each Disbursement this Period 30.00
City RALEIGH State NC Zip Code 27615	Purpose of Disbursement In-kind - Copies	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4474

Full Name (Last, First, Middle Initial) C. JOHN P MCNEIL		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		Amount of Each Disbursement this Period 71.50
City RALEIGH State NC Zip Code 27615	Purpose of Disbursement In-kind - Copies	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.4473

SUBTOTAL of Disbursements This Page (optional).....	170.25
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 21			
	<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)
JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VistaPrint			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016		
Mailing Address 95 Hayden Ave			Amount of Each Disbursement this Period 64.12		
City Lexington	State MA	Zip Code 02421	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Campaign Materials		Category/Type			
Candidate Name		Transaction ID : SB17.4453			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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	Memo Item <input type="checkbox"/>		
Purpose of Disbursement		Category/Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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	Memo Item <input type="checkbox"/>		
Purpose of Disbursement		Category/Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	64.12
TOTAL This Period (last page this line number only).....	3620.26

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOHN MCNEIL FOR CONGRESS** Transaction ID : **SC/10.4250**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
JOHN P MCNEIL
 Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 6325 FALLS OF NEUSE RD.
 SUITE 35-233
 City State ZIP Code
 RALEIGH NC 27615

Original Amount of Loan 204.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 204.00
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TERMS
 Date Incurred: M 12 / D 17 / Y 2015
 Date Due: M / D / Y as available
 Interest Rate: 0.00 % (apr)
 Secured: 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)..... ▶ 204.00
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) **JOHN MCNEIL FOR CONGRESS** Transaction ID : **SC/10.4236**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
JOHN P MCNEIL
 Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 6325 FALLS OF NEUSE RD.
 SUITE 35-233

City State ZIP Code
 RALEIGH NC 27615

Original Amount of Loan 1740.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1740.00
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TERMS

Date Incurred: M 12 / D 18 / Y 2015
 Date Due: M / D / Y as available
 Interest Rate: 0.00 % (apr)
 Secured: 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)..... ▶ [] 1740.00

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)

Transaction ID : SC/10.4247

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
JOHN P MCNEIL

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
6325 FALLS OF NEUSE RD.
SUITE 35-233

City State ZIP Code
RALEIGH NC 27615

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
750.00 0.00 750.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 24 / Y 2015 M M / D D / as available 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)..... ▶ 750.00
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) **JOHN MCNEIL FOR CONGRESS** Transaction ID : **SC/10.4208**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
JOHN P MCNEIL
 Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 6325 FALLS OF NEUSE RD.
 SUITE 35-233
 City State ZIP Code
 RALEIGH NC 27615

Original Amount of Loan 300.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300.00
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TERMS
 Date Incurred: M 03 / D 17 / Y 2016
 Date Due: M / D / Y as available
 Interest Rate: 0.00 % (apr)
 Secured: 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)..... ▶ 300.00
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) **JOHN MCNEIL FOR CONGRESS** Transaction ID : **SC/10.4205**

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** Memo Item
JOHN P MCNEIL Election: 2016
 Primary
 General
 Other (specify) ▼

Mailing Address
 6325 FALLS OF NEUSE RD.
 SUITE 35-233

City State ZIP Code
 RALEIGH NC 27615

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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TERMS

Date Incurred: M 03 / D 23 / Y 2016
 Date Due: M / D / Y as available
 Interest Rate: 0.00 % (apr)
 Secured: 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)..... ▶ 500.00

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) **JOHN MCNEIL FOR CONGRESS** Transaction ID : **SC/10.4397**

LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDS <input type="checkbox"/> Memo Item JOHN P MCNEIL	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233	

City	State	ZIP Code
RALEIGH	NC	27615

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 26 / 2016	as available	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).....	▶	1000.00
TOTALS This Period (last page in this line only).....	▶	4494.00

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