

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CASTEN FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	18340.36	18340.36
(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)).....	18340.36	18340.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16534.79	16534.79
(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)).....	16534.79	16534.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3205.57	
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).....	1400.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CASTEEN FOR CONGRESS

Report Covering the Period: From: / To: /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9650.00	9650.00
(ii) Unitemized.....	1645.00	1645.00
(iii) TOTAL of contributions from individuals ▶	11295.00	11295.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	7045.36	7045.36
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18340.36	18340.36
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.....	1400.00	1400.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1400.00	1400.00
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)..... ▶	19740.36	19740.36

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16534.79	16534.79
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) ►	16534.79	16534.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19740.36
25. SUBTOTAL (add Line 23 and Line 24).....	19740.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16534.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3205.57

**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 16
	<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)
CASTEEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mett Ausley

Mailing Address 3412 Waccamaw Shores Rd

City State Zip Code
Lake Waccamaw NC 28450

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

Name of Employer Occupation
Cypress Pathology Pathologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2014

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Timothy D Cates

Mailing Address 184 S Country Club Drive

City State Zip Code
Kenansville NC 28349

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

Name of Employer Occupation
Timothy D. Cates CPA PA CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
500.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Michael L Chestnutt

Mailing Address PO Box 588

City State Zip Code
Clinton NC 28329

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

Name of Employer Occupation
Black & Chestnutt CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period
500.00

Check

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

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

1500.00

**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 6 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
CASTEEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jonathan R Duea

Mailing Address 812 S. Lumina Ave.

City State Zip Code
Wrightsville Beach NC 28480

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

Name of Employer Occupation
Two Guys Grille Inc. Food Service

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period
250.00

Credit Card

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

Mailing Address 118 Red Brook Lane

City State Zip Code
Mooreville NC 28117

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

Name of Employer Occupation
Lowe's Companies, Inc Vice President - Tax

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2014

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
2600.00

Check

C. Full Name (Last, First, Middle Initial)
David D Hoesly

Mailing Address 5400 Spindle Ridge Ln

City State Zip Code
Gastonia NC 28056

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2014

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period
250.00

Check

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

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

3100.00

**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 16
	<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)
CASTEEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tom Howe		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 5046 Tar Hill Dr		Transaction ID : SA11AI.4152	
City Oxford	State NC	Zip Code 27565	Amount of Each Receipt this Period 300.00 Check
FEC ID number of contributing federal political committee.		C	
Name of Employer IBM	Occupation Programmer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Paul D Knott		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 6919 Finian Drive		Transaction ID : SA11AI.4127	
City Wilmington	State NC	Zip Code 28409	Amount of Each Receipt this Period 250.00 Credit Card
FEC ID number of contributing federal political committee.		C	
Name of Employer ONSWM	Occupation Advisor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Jeffrey T Kornegay		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014	
Mailing Address 22 Scotts Glen Drive		Transaction ID : SA11AI.4143	
City Wilmington	State NC	Zip Code 28411	Amount of Each Receipt this Period 250.00 Credit Card
FEC ID number of contributing federal political committee.		C	
Name of Employer New Hanover Medical Group	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 16
	<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)
CASTEEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jeff Martin

Mailing Address 280 Farmstead Lane

City: Mooresville State: NC Zip Code: 28117

FEC ID number of contributing federal political committee: C

Name of Employer: Microsoft Occupation: Senior Program Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 11 / 2014

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period: 500.00

Credit Card

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

Mailing Address 6213 Tree Toad Ct.

City: Wilmington State: NC Zip Code: 28411

FEC ID number of contributing federal political committee: C

Name of Employer: Self-Employed Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 11 / 2014

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period: 1000.00

Credit Card

C. Full Name (Last, First, Middle Initial)
James L Normile

Mailing Address 502 Ocean Drive

City: Emerald Isle State: NC Zip Code: 28594

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 06 / 2014

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period: 500.00

Credit Card

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

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

2000.00

**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 9 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
CASTEEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jay Quinn		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 139 Candlewood Dr		Transaction ID : SA11AI.4138	
City Wallace	State NC	Zip Code 28466	Amount of Each Receipt this Period _____ 250.00 Credit Card
FEC ID number of contributing federal political committee.		C	
Name of Employer Jay Quinn Photography	Occupation Photographer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Ralph J Reda		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 2 Cowrie Lane		Transaction ID : SA11AI.4126	
City Wrightsville Beach	State NC	Zip Code 28480	Amount of Each Receipt this Period _____ 500.00 Credit Card
FEC ID number of contributing federal political committee.		C	
Name of Employer General Electric	Occupation Scientist		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. Troy Thorup		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address 1659 Lake Tree Dr. SW		Transaction ID : SA11AI.4135	
City Ocean Isle Beach	State NC	Zip Code 28469	Amount of Each Receipt this Period _____ 500.00 Credit Card
FEC ID number of contributing federal political committee.		C	
Name of Employer Delta Airlines	Occupation Purser		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1250.00
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 10 OF 16
	<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)
CASTEEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Henry H Weyerhauser

Mailing Address 202 Beach Road North

City State Zip Code
Wilmington NC 28411

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period
 1000.00

Check

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).....

1000.00

9650.00

**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 11 OF 16
	<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)
CASTEEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
J. WESLEY CASTEEN

Mailing Address P.O. BOX 12028

City State Zip Code
WILMINGTON NC 28405

FEC ID number of contributing federal political committee. **C H4NC07100**

Name of Employer Occupation
J. WESLEY CASTEEN, P.C. ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2014

Transaction ID : SA11D.4214

Amount of Each Receipt this Period
10.00

Credit Card

B. Full Name (Last, First, Middle Initial)
J. WESLEY CASTEEN

Mailing Address P.O. BOX 12028

City State Zip Code
WILMINGTON NC 28405

FEC ID number of contributing federal political committee. **C H4NC07100**

Name of Employer Occupation
J. WESLEY CASTEEN, P.C. ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
20.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11D.4215

Amount of Each Receipt this Period
10.00

Credit Card

C. Full Name (Last, First, Middle Initial)
J. WESLEY CASTEEN

Mailing Address P.O. BOX 12028

City State Zip Code
WILMINGTON NC 28405

FEC ID number of contributing federal political committee. **C H4NC07100**

Name of Employer Occupation
J. WESLEY CASTEEN, P.C. ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7045.36

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11D.4218

Amount of Each Receipt this Period
7025.36

In-kind - Campaign materials, supplies and travel

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

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

7045.36

7045.36

**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 12 OF 16
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CASTEEN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LIBERTARIAN PARTY OF NORTH CAROLINA

Mailing Address PO BOX 28141

City State Zip Code
RALEIGH NC 27611

FEC ID number of contributing federal political committee. **C** C00525758

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA13B.4183

Amount of Each Receipt this Period
1400.00

Loan from the state party

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).....

1400.00

1400.00

**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 13 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CASTEEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. All Ways Graphics		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 120 Racine Dr.		Amount of Each Disbursement this Period 213.60 Transaction ID : SB17.4207
City Wilmington	State NC	
Zip Code 28403	Purpose of Disbursement Graphics Design	Category/ Type 001
Candidate Name CASTEEN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 07	

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 5555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 218.04 Transaction ID : SB17.4211
City Baton Rouge	State LA	
Zip Code 70808	Purpose of Disbursement Anedot CC Merchant Fees for the period.	Category/ Type 001
Candidate Name CASTEEN FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 07	

Full Name (Last, First, Middle Initial) C. J. WESLEY CASTEEN		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. BOX 12028		Amount of Each Disbursement this Period 7025.36 Transaction ID : SB17.4219
City WILMINGTON	State NC	
Zip Code 28405	Purpose of Disbursement In-kind - Campaign materials, supplies and travel	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 07	

SUBTOTAL of Disbursements This Page (optional).....	7457.00
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 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CASTEEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Duplin Sod Farms		Date of Disbursement MM / DD / YYYY 05 / 07 / 2014
Mailing Address 388 E Wards Bridge Rd.		Amount of Each Disbursement this Period 424.80 Transaction ID : SB17.4201
City Kenansville State NC Zip Code 28349	Purpose of Disbursement T-Shirt Printing 001 Category/Type	
Candidate Name CASTEEN FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07		

Full Name (Last, First, Middle Initial) B. Fairway Advertising		Date of Disbursement MM / DD / YYYY 05 / 09 / 2014
Mailing Address 1530 South College Rd.		Amount of Each Disbursement this Period 4028.68 Transaction ID : SB17.4190
City Wilmington State NC Zip Code 28405	Purpose of Disbursement Billboard Advertising 004 Category/Type	
Candidate Name CASTEEN FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07		

Full Name (Last, First, Middle Initial) c. Legal Directories Publishing Co. Inc.		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address PO Box 189000		Amount of Each Disbursement this Period 200.88 Transaction ID : SB17.4197
City Dallas State TX Zip Code 75218	Purpose of Disbursement Mailing Labels for NC Lawyers 003 Category/Type	
Candidate Name CASTEEN FOR CONGRESS		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07		

SUBTOTAL of Disbursements This Page (optional).....	4654.36
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 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CASTEEN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. New Frame, LLC		Date of Disbursement MM / DD / YYYY 04 / 14 / 2014
Mailing Address 114 Southwold Dr		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4187
City Cary	State NC Zip Code 27519	
Purpose of Disbursement Campaign Consultant	Category/Type 001	
Candidate Name CASTEEN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 07		

Full Name (Last, First, Middle Initial) B. New Frame, LLC		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 114 Southwold Dr		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4189
City Cary	State NC Zip Code 27519	
Purpose of Disbursement Campaign Consulting	Category/Type 001	
Candidate Name CASTEEN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 07		

Full Name (Last, First, Middle Initial) c. Signs By Tomorrow		Date of Disbursement MM / DD / YYYY 05 / 07 / 2014
Mailing Address 112 N. Cardinal Sr. Ste. 108		Amount of Each Disbursement this Period 133.75 Transaction ID : SB17.4192
City Wilmington	State NC Zip Code 28405	
Purpose of Disbursement Campaign Signs	Category/Type 006	
Candidate Name CASTEEN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 07		

SUBTOTAL of Disbursements This Page (optional).....	4133.75
TOTAL This Period (last page this line number only).....	16245.11

SCHEDULE C (FEC Form 3) LOANS

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

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

City	State	ZIP Code
RALEIGH	NC	27611

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 12 / 2014	12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1400.00
TOTALS This Period (last page in this line only).....	▶	1400.00

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