

# 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  
**Palombo for Congress Committee**

ADDRESS (number and street) P. O. Box 12862  
 Check if different than previously reported. (ACC) New Bern NC 28561

2. **FEC IDENTIFICATION NUMBER** C C00501635 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
NC 03

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2011 through M M / D D / Y Y Y Y 12 / 31 / 2011

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 Lisa Marie Marley

Signature of Treasurer Lisa Marie Marley *[Electronically Filed]* Date M M / D D / Y Y Y Y 01 / 28 / 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

**Palombo for Congress Committee**

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))....	20294.03	40752.92
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20294.03	40752.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	15066.55	21307.31
(b) Total Offsets to Operating Expenditures (from Line 14).....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15066.55	21307.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	19445.86	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	14.46	

**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

**Palombo for Congress Committee**

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).....	9574.03	27011.53
(ii) Unitemized.....	5720	7822
(iii) TOTAL of contributions from individuals ▶	15294.03	34833.53
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) The Candidate.....	5000	5919.39
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20294.03	40752.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	.25	.25
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	20294.28	40753.17

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15066.55	21307.31
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS .....		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15066.55	21307.31

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14218.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20294.28
25. SUBTOTAL (add Line 23 and Line 24).....	34512.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15066.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19445.86

**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 28
	<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	

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)  
**Palombo for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Sabrina Bengel**

Mailing Address 329 Middle St  
A

City State Zip Code  
New Bern NC 28560

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

Name of Employer Occupation  
City of New Bern Alderman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : SA11Ai-CN142**

Amount of Each Receipt this Period  
250

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Lee Wilson Bettis Jr**

Mailing Address 1608 Spencer Ave

City State Zip Code  
New Bern NC 28560

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

Name of Employer Occupation  
City Of New Bern Mayor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : SA11Ai-CN135**

Amount of Each Receipt this Period  
300

**C.** Full Name (Last, First, Middle Initial)  
**Norman Frederick Boothe**

Mailing Address 311 Jamie Cir

City State Zip Code  
Emerald Isle NC 28594

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

Name of Employer Occupation  
Retired - USCG & USPS Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2011

**Transaction ID : SA11Ai-CN66**

Amount of Each Receipt this Period  
500

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

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

1050.00

**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 28
	<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)  
**Palombo for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Sherry Ann Bradbury**

Mailing Address 129 St Gallen Ct

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
retired retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2011

**Transaction ID : SA11Ai-CN121**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 104 Bur-Ben Ln

City State Zip Code  
New Bern NC 28560

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

Name of Employer Occupation  
CCHC Medical Doctor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11Ai-CN157**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Robert William Cavanaugh Jr**

Mailing Address 187 Ocean Dr

City State Zip Code  
Newport NC 28570

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

Name of Employer Occupation  
Self Employed Landscaping

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011

**Transaction ID : SA11Ai-CN64**

Amount of Each Receipt this Period  
**500**

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

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

**850.00**

**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 28
	<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)  
**Palombo for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**James Thomas Early**

Mailing Address 7056 Currituck Rd

City State Zip Code  
Kitty Hawk NC 27949

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 05 / 2011**

**Transaction ID : SA11Ai-CN85**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Robert John Hawk**

Mailing Address 97 Duck Woods Dr

City State Zip Code  
Kitty Hawk NC 27949

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

Name of Employer Occupation  
Hawk Construction Carpenter

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 15 / 2011**

**Transaction ID : SA11Ai-CN144**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Christopher S Kelso**

Mailing Address 102 Yacht Club Rd

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
The Insurance Center Insurance Broker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 18 / 2011**

**Transaction ID : SA11Ai-CN104**

Amount of Each Receipt this Period  
**500**

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

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

**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 8 OF 28
	<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)  
**Palombo for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Harry MacDonald**

Mailing Address 4508 Fairway Dr W

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Coastal Ear Nose & Throat physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 10 / 2011**

**Transaction ID : SA11Ai-CN90**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Lisa Marie Marley**

Mailing Address 101 Elizabeth Ct

City State Zip Code  
Kill Devil Hills NC 27948

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

Name of Employer Occupation  
Apex Analytix Auditor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**216.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 05 / 2011**

**Transaction ID : SA11Ai-CN129**

Amount of Each Receipt this Period  
**174.03**

Website Expenses

In-Kind Received

**C.** Full Name (Last, First, Middle Initial)  
**Sandra Sue Mattingly**

Mailing Address 710 Hightree Ln E

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 16 / 2011**

**Transaction ID : SA11Ai-CN98**

Amount of Each Receipt this Period  
**50**

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

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

**474.03**



**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 28
	<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)  
**Palombo for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**William Graham Champion Mitchell**

Mailing Address 3009 River Ln

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2011

**Transaction ID : SA11Ai-CN152**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Richard Alexander Orr**

Mailing Address 2418 Tram Rd

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
D-ROC LLC Construction

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2011

**Transaction ID : SA11Ai-CN150**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Dana Edwards Outlaw**

Mailing Address 4921 Morton Rd

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Dana Outlaw Appraisals Appraiser

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2011

**Transaction ID : SA11Ai-CN99**

Amount of Each Receipt this Period  
**500**

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

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

**1750.00**

**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 10 OF 28
	<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)  
**Palombo for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**William H Prestage**

Mailing Address 406 Coharie Dr

City State Zip Code  
Clinton NC 28328

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

Name of Employer Occupation  
Prestage Farms Inc. Hog Farmer/Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 30 / 2011**

**Transaction ID : SA11Ai-CN126**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**Pervis O Rodgers**

Mailing Address 27 Gables Rd

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Dayspring Ministries Pastor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 01 / 2011**

**Transaction ID : SA11Ai-CN57**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Antoinette Salvati**

Mailing Address 609 Alexis Dr

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 28 / 2011**

**Transaction ID : SA11Ai-CN69**

Amount of Each Receipt this Period  
**250**

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

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

**2500.00**

**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 28
	<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)  
**Palombo for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Antoinette Salvati**

Mailing Address 609 Alexis Dr

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 19 / 2011**

**Transaction ID : SA11Ai-CN108**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Dorothy M Salvati**

Mailing Address 609 Alexis Dr

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 28 / 2011**

**Transaction ID : SA11Ai-CN68**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Dorothy M Salvati**

Mailing Address 609 Alexis Dr

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 19 / 2011**

**Transaction ID : SA11Ai-CN109**

Amount of Each Receipt this Period  
**200**

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

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

**650.00**

**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 12 OF 28
	<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)  
**Palombo for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Foristel Tabb**

Mailing Address 328 Mason Ln

City: Moyock State: NC Zip Code: 27958

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

Name of Employer: William E Wood & Associates Occupation: Real Estate Broker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **350**

Date of Receipt: **11 / 05 / 2011**

**Transaction ID : SA11Ai-CN77**

Amount of Each Receipt this Period: **250**

**B.** Full Name (Last, First, Middle Initial)  
**Mary Foristel Tabb**

Mailing Address 328 Mason Ln

City: Moyock State: NC Zip Code: 27958

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

Name of Employer: William E Wood & Associates Occupation: Real Estate Broker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **450**

Date of Receipt: **12 / 29 / 2011**

**Transaction ID : SA11Ai-CN153**

Amount of Each Receipt this Period: **100**

**C.** Full Name (Last, First, Middle Initial)  
**Brian Z Taylor**

Mailing Address 5217 Trent Woods Dr

City: New Bern State: NC Zip Code: 28562

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

Name of Employer: White & Allen PA Occupation: Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **250**

Date of Receipt: **12 / 06 / 2011**

**Transaction ID : SA11Ai-CN136**

Amount of Each Receipt this Period: **250**

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

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

**600.00**

**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 13 OF 28
	<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)  
**Palombo for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Jeannie M Tyson**

Mailing Address 4507 W Fairway Dr

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Tyson & Hooks Real Estate Office Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2011

**Transaction ID : SA11Ai-CN123**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Steve Tyson**

Mailing Address 700 Madam Moores Ln.

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Self Employed Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2011

**Transaction ID : SA11Ai-CN138**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Fay Kiser Yaniero**

Mailing Address 1002 Pine Valley Rd

City State Zip Code  
Jacksonville NC 28546

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

Name of Employer Occupation  
Marine Corps Community Services Assistant Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2011

**Transaction ID : SA11Ai-CN113**

Amount of Each Receipt this Period  
**250**

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

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

**750.00**

**9574.03**

**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 14 OF 28
	<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)  
**Palombo for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Palombo**

Mailing Address 1502 Tryon Rd

City State Zip Code  
New Bern NC 28560

FEC ID number of contributing federal political committee. **C H2NC03079**

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**5919.39**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 28 / 2011**

**Transaction ID : SA11D-CN151**

Amount of Each Receipt this Period  
**5000**

**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).....

**5000.00**

**5000.00**

**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 15 OF 28			
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Trail Blazer Campaign Services Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2011
Mailing Address 620 Mendelssohn Avenue N Suite 186		Amount of Each Disbursement this Period 1000.00
City Minneapolis State MN Zip Code 55427	Category/Type 001	
Purpose of Disbursement Campaign software	Candidate Name	Transaction ID : SB17-EX29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		Campaign software

Full Name (Last, First, Middle Initial) <b>B. Trail Blazer Campaign Services Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address 620 Mendelssohn Avenue N Suite 186		Amount of Each Disbursement this Period 1330.00
City Minneapolis State MN Zip Code 55427	Category/Type 001	
Purpose of Disbursement Campaign software	Candidate Name	Transaction ID : SB17-EX41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		Campaign software

Full Name (Last, First, Middle Initial) <b>c. Monte Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2011
Mailing Address P. O. Box 12391		Amount of Each Disbursement this Period 185.35
City New Bern State NC Zip Code 28561	Category/Type 006	
Purpose of Disbursement printing	Candidate Name	Transaction ID : SB17-EX52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		printing

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2515.35
<b>TOTAL</b> 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 28			
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period 7.33
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX37
Purpose of Disbursement		001 Category/ Type	
Candidate Name			Administrative/Salary/Overhead Expenses
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period 3.50
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX54
Purpose of Disbursement transaction processing		001 Category/ Type	
Candidate Name			transaction processing
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2011
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period 1.83
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX38
Purpose of Disbursement		001 Category/ Type	
Candidate Name			Administrative/Salary/Overhead Expenses
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12.66
<b>TOTAL</b> 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 28			
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2011
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period 1.87
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX39
Purpose of Disbursement		001 Category/ Type	
Candidate Name		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period 3.20
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX49
Purpose of Disbursement		001 Category/ Type	
Candidate Name		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vanco Services</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 12600 Whitewater Drive Suite 200			Amount of Each Disbursement this Period 14.20
City Minnetonka	State MN	Zip Code 55343	Transaction ID : SB17-EX50
Purpose of Disbursement		001 Category/ Type	
Candidate Name		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19.27
<b>TOTAL</b> 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 18 OF 28			
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Vanco Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2011
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 1.14
City Minnetonka State MN Zip Code 55343	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17-EX51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. Vanco Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 1.14
City Minnetonka State MN Zip Code 55343	Purpose of Disbursement transaction processing 001 Category/Type	
Candidate Name		Transaction ID : SB17-EX56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		transaction processing

Full Name (Last, First, Middle Initial) <b>c. Vanco Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 6.00
City Minnetonka State MN Zip Code 55343	Purpose of Disbursement Processing Fees 001 Category/Type	
Candidate Name		Transaction ID : SB17-EX63
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		Processing Fees

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8.28
<b>TOTAL</b> 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 19 OF 28			
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Vanco Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2011
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 7.33
City Minnetonka State MN Zip Code 55343	Purpose of Disbursement transaction processing	Transaction ID : SB17-EX61
Candidate Name	Category/Type 001	transaction processing
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vanco Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 5.95
City Minnetonka State MN Zip Code 55343	Purpose of Disbursement transaction processing fee	Transaction ID : SB17-EX62
Candidate Name	Category/Type 001	transaction processing fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Vanco Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2011
Mailing Address 12600 Whitewater Drive Suite 200		Amount of Each Disbursement this Period 3.20
City Minnetonka State MN Zip Code 55343	Purpose of Disbursement transaction processing	Transaction ID : SB17-EX66
Candidate Name	Category/Type 001	transaction processing
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16.48
<b>TOTAL</b> 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 20 OF 28	
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Brian Mullis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address 3209 English Ct		Amount of Each Disbursement this Period 800.00
City Burlington	State NC	
Zip Code 27215	Purpose of Disbursement Rent	<b>Transaction ID : SB17-EX18</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Rent
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brian Mullis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 3209 English Ct		Amount of Each Disbursement this Period 900.00
City Burlington	State NC	
Zip Code 27215	Purpose of Disbursement consulting	<b>Transaction ID : SB17-EX28</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Brian Mullis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2011
Mailing Address 3209 English Ct		Amount of Each Disbursement this Period 900.00
City Burlington	State NC	
Zip Code 27215	Purpose of Disbursement Consulting	<b>Transaction ID : SB17-EX30</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Consulting
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2600.00
<b>TOTAL</b> 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 21 OF 28			
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Brian Mullis</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011		
Mailing Address 3209 English Ct			Amount of Each Disbursement this Period 400.00		
City Burlington	State NC	Zip Code 27215	Transaction ID : SB17-EX34		
Purpose of Disbursement Reimbursement for Rent		Category/ Type 001	Reimbursement for Rent		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Brian Mullis</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2011		
Mailing Address 3209 English Ct			Amount of Each Disbursement this Period 900.00		
City Burlington	State NC	Zip Code 27215	Transaction ID : SB17-EX40		
Purpose of Disbursement consulting services		Category/ Type 001	consulting services		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Brian Mullis</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2011		
Mailing Address 3209 English Ct			Amount of Each Disbursement this Period 900.00		
City Burlington	State NC	Zip Code 27215	Transaction ID : SB17-EX45		
Purpose of Disbursement Consulting		Category/ Type 001	Consulting		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2200.00
<b>TOTAL</b> 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 22 OF 28			
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Brian Mullis</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011		
Mailing Address 3209 English Ct			Amount of Each Disbursement this Period 400.00		
City Burlington	State NC	Zip Code 27215	Transaction ID : <b>SB17-EX48</b>		
Purpose of Disbursement Rent reimbursement		Category/ Type 001	Rent reimbursement		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Brian Mullis</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011		
Mailing Address 3209 English Ct			Amount of Each Disbursement this Period 712.80		
City Burlington	State NC	Zip Code 27215	Transaction ID : <b>SB17-EX68</b>		
Purpose of Disbursement mileage reimbursement		Category/ Type 001	mileage reimbursement		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Brian Mullis</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011		
Mailing Address 3209 English Ct			Amount of Each Disbursement this Period 900.00		
City Burlington	State NC	Zip Code 27215	Transaction ID : <b>SB17-EX65</b>		
Purpose of Disbursement consulting		Category/ Type 001	consulting		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2012.80
<b>TOTAL</b> 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 23 OF 28			
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Brian Mullis</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2011	
Mailing Address 3209 English Ct			Amount of Each Disbursement this Period 279.72	
City Burlington	State NC	Zip Code 27215	Transaction ID : SB17-EX69	
Purpose of Disbursement mileage reimbursement		Category/ Type 001	mileage reimbursement	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Brian Mullis</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011	
Mailing Address 3209 English Ct			Amount of Each Disbursement this Period 900.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : SB17-EX70	
Purpose of Disbursement consulting		Category/ Type 001	consulting	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Brian Mullis</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011	
Mailing Address 3209 English Ct			Amount of Each Disbursement this Period 400.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : SB17-EX71	
Purpose of Disbursement Rent reimbursement		Category/ Type 001	Rent reimbursement	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1579.72
<b>TOTAL</b> 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 24 OF 28	
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Malia Zaytoun</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011
Mailing Address 2610 Oldgate Dr #304		Amount of Each Disbursement this Period 52.80
City Raleigh	State NC	
Zip Code 27604	Purpose of Disbursement postage reimbursement	<b>Transaction ID : SB17-EX27</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	postage reimbursement
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Malia Zaytoun</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2011
Mailing Address 2610 Oldgate Dr #304		Amount of Each Disbursement this Period 1000.00
City Raleigh	State NC	
Zip Code 27604	Purpose of Disbursement Consulting	<b>Transaction ID : SB17-EX31</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Malia Zaytoun</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address 2610 Oldgate Dr #304		Amount of Each Disbursement this Period 1000.00
City Raleigh	State NC	
Zip Code 27604	Purpose of Disbursement Consulting	<b>Transaction ID : SB17-EX46</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	Consulting
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2052.80
<b>TOTAL</b> 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 25 OF 28			
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Malia Zaytoun</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011	
Mailing Address 2610 Oldgate Dr #304			Amount of Each Disbursement this Period 12.81	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SB17-EX47	
Purpose of Disbursement Event flowers		Category/Type 007	Event flowers	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Malia Zaytoun</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011	
Mailing Address 2610 Oldgate Dr #304			Amount of Each Disbursement this Period 1000.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : SB17-EX72	
Purpose of Disbursement consulting		Category/Type 001	consulting	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Metro Productions</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011	
Mailing Address 6005 Chapel Hill Road			Amount of Each Disbursement this Period 369.36	
City Raleigh	State NC	Zip Code 27607	Transaction ID : SB17-EX26	
Purpose of Disbursement printing		Category/Type 001	printing	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1382.17
<b>TOTAL</b> 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 26 OF 28	
	<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)  
**Palombo for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Lisa Marie Marley</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address 101 Elizabeth Ct		Amount of Each Disbursement this Period 174.03
City Kill Devil Hills	State NC	
Zip Code 27948	Purpose of Disbursement IN-KIND RECEIVED	Transaction ID : SB17-CN129
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary 2012	In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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	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>C.</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	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	174.03
<b>TOTAL</b> This Period (last page this line number only).....	14573.56

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Palombo for Congress Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Trail Blazer Campaign Services Inc.**

Mailing Address 620 Mendelssohn Avenue N  
Suite 186

City State Zip Code  
Minneapolis MN 55427

Nature of Debt (Purpose):  
Invoice: Campaign software

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV6**  
2330.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
.00 2330.00 .00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Vanco Services**

Mailing Address 12600 Whitewater Drive  
Suite 200

City State Zip Code  
Minnetonka MN 55343

Nature of Debt (Purpose):  
Invoice: merchant services

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV5**  
50.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
.00 50.00 .00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Vanco Services**

Mailing Address 12600 Whitewater Drive  
Suite 200

City State Zip Code  
Minnetonka MN 55343

Nature of Debt (Purpose):  
Invoice: transaction processing

Outstanding Balance Beginning This Period **Transaction ID : SD10-INV63**  
.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
3.20 .00 3.20

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3.20
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Palombo for Congress Committee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Vanco Services**

Mailing Address 12600 Whitewater Drive  
 Suite 200

City State Zip Code  
 Minnetonka MN 55343

Nature of Debt (Purpose):  
 Invoice: transaction processing

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV70**

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="11.26"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="14.46"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="14.46"/>