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01/03/2017 08 : 56

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Com	mittee	,		Office Use Only				
NAME OF COMMITTEE (in fu	TYPE OR PRIN		cample: If typinger the lines.	g, type	12FE4M5					
KEADLE FOR C	ONGRESS 2012					ı				
				<u> </u>						
ADDRESS (number and street)		E COURT								
▼ Check if differ	ent									
than previously reported. (ACC	y MOORESVIL	MOORESVILLE								
	TION NUMBER ▼	CITY ▲			STATE ▲	ZIP CODE ▲				
C C00499954		3. IS THIS REPORT	NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT  NC 08  08				
	· ·	(b) 12-Day <b>PRE</b>	E-Election Repo Primary (12P) Convention (1		General (1					
	uarterly Report (Q2) 5 Quarterly Report (Q3)	Election on	M M /	D D /	Y " Y " Y " Y	in the State of				
<b>✗</b> January 3 <sup>-</sup>	1 Year-End Report (YE)	(c) 30-Day <b>POS</b>	<b>ST</b> -Election Rep	ort for the:						
			General (30G)	,	Runoff (30	R) Special (30S)				
Terminatio	n Report (TER)	Election on	M M /	D 0 /	Y Y Y Y	in the State of				
5. Covering Period	M M / D 01	/ Y Y Y Y Y 2016	through	M M M 12	/ 31 /	Y Y Y Y Y 2016				
I certify that I have example or Print Name of	mined this Report and t Lakey, Kevir Treasurer		nowledge and k	pelief it is ti	rue, correct and	complete.				
Signature of Treasurer	Lakey, Kevin, Todd, ,		[Electronically F	Filed] [	Date 01	/ D D / Y Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z				
NOTE: Submission of fals	se, erroneous, or incompl	ete information may	subject the pers	on signing	this Report to th	e penalties of 52 U.S.C. §30109				
Office Use Only						FEC FORM 3 (Revised 05/2016)				

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name **KEADLE FOR CONGRESS 2012** 

2016 10 2016 12 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 429744.13 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 429744.13 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 690527.24 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 690527.24 0.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 263878.78 Schedule C and/or Schedule D).....

#### 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 05/2016)

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Write or Type Committee Name

#### **KEADLE FOR CONGRESS 2012**

10 01 2016 12 31 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 336480.99 (i) Itemized (use Schedule A)..... 68763.14 0.00 (ii) Unitemized ..... (iii) TOTAL of contributions 0.00 405244.13 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 24500.00 (such as PACs) ..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 429744.13 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 0.00 397000.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 397000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 826744.13 (Carry Total to Line 24, page 4).....

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	0.00	690527.24	
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
19	LOAN REPAYMENTS:			
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	130000.00	
	(b) Of All Other Loans	0.00	0.00	
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	130000.00	
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	345.00	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	820872.24	
	III. CASH SU	JMMARY		
23.	CASH ON HAND AT BEGINNING OF REPOR	0.00		
24	TOTAL RECEIPTS THIS PERIOD (from Line	0.00		
25.	SUBTOTAL (add Line 23 and Line 24)	0.00		
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	0.00		
27	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00	

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

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

PAGE 5 OF FOR LINE NUMBER: (check only one)

**X** 13a 13b

8

NAME OF COMMITTEE (In Full) KEADLE FOR CONGRESS 20	12	Transaction ID: SC/10.4323			
LOAN SOURCE Full Name (Last, First KEADLE, SCOTT, , ,  Mailing Address 113 SEA HIDE COURT	☐ Memo Item  Election: 2012    ★ Primary   General   Other (specify) ▼				
City	State NC	ZIP Code  28117  Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pay				
70000.00	ountilative 1 ay	0.00 70000.00			
TERMS Date Incurred	D	ate Due Interest Rate Secured:			
M09M / D30D / Y Z011 Y	M M / D D	/ Y12/31/2012			
List All Endorsers or Guarantors (if a	• •				
Full Name (Last, First, Middle Initia	1)	Name of Employer			
Mailing Address		Occupation			
City Sta	te ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employer			
Mailing Address		Occupation			
City	tte ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	I	Name of Employer			
Mailing Address		Occupation			
City	tte ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	te ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (option	onal)	70000.00			
TOTALS This Period (last page in this line	e only)				
Carry outstanding balance only to LINE 3	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

PAGE 6 OF
FOR LINE NUMBER:
(check only one)

13a 13b

8

					130		
IAME OF COMMITTEE (In Full) KEADLE FOR CONGRESS	2012			Transa	action ID : SC/10.5209		
LOAN SOURCE Full Name (Last, i	First, Midd	dle Initial)		Momo Iton	Election: 2012		
KEADLE, SCOTT, , ,	,	,		☐ Memo Iten	rimary		
READEL, SCOTT, , ,					General		
Mailing Address 113 SEA HIDE COURT					Other (specify) ▼		
City		State	ZIP Co	de     X   Personal Funds of the Ca			
MOORESVILLE		NC	28117		r ersonal runds of the Candidate		
Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This Period 0.00 180000.00			
180000.	.00						
TERMS Date Incurred		, 	ate Due	Interest Ra			
				(If none, ent	er 0)		
M02M / P16P / Y Ž01Ž	Y	/ M / D D	/ Y 1	12//31/12 Y 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (	(if any) to	Loan Source					
1. Full Name (Last, First, Middle In	nitial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:	, ,		
2. Full Name (Last, First, Middle Initial)				Name of Employer  Occupation			
Mailing Address	Mailing Address						
				Amount			
City	State	ZIP Code		Guaranteed			
J.,	01610			Outstanding:	7		
3. Full Name (Last, First, Middle Ini	3. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation			
0.0		T		Amount Guaranteed			
City	State	ZIP Code		Outstanding:	7		
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount				
City	State	ZIP Code		Guaranteed Outstanding:	7		
SURTOTALS This Period This Page (a	untional)			. г			
SUBTOTALS This Period This Page (optional)							
FOTALS This Period (last page in this	line only)			······	, ,		
Ones autota de la transita del transita de la transita de la transita del transita de la transita del de la transita del de la transita del del del de la transita de la transita de la transita del del	IF 0 0 :	alab B (	. Ila - "	an Oakad I. B	mused to annual data than 100		
Carry outstanding balance only to LIN	ı∟ 3, Sche	eaule D, for this	ine. If	no Schedule D, carry fo	rward to appropriate line of Summary.		

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

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

PAGE OF FOR LINE NUMBER: (check only one)

**x** 13a 13b

8

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7282  KEADLE FOR CONGRESS 2012							
	LOAN SOURCE Full Name (Last, First, Middle Initial) KEADLE, SCOTT, , ,					Election: 2012 Primary General	
	Mailing Address 113 SEA HIDE COURT				X Other (specify) ▼ Runoff		
	City MOORESVILLE		State NC	de	Personal Funds of the Candidate		
	MOORESVILLE NC 28117  Original Amount of Loan Cumulative Payment To I				Date Bal	ance Outstanding at Close of This Period	
	87000.00				83121.22 3878.78		
Ì	TERMS Date Incurred Date Due			Interest Rate Secured: (If none, enter 0)			
	M06 <sup>M</sup> / D20 <sup>D</sup> / Y 2012	Y	M M / D D	/ <sup>Y</sup> 12	/31/2012	.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) t	o Loan Source				
	1. Full Name (Last, First, Middle In	nitial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:		
	2. Full Name (Last, First, Middle Initial)  Mailing Address				Name of Employer		
					Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
Ì	3. Full Name (Last, First, Middle Initial)  Mailing Address			Name of Employer  Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
ŀ	4. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address			Occupation			
	City State ZIP Code			Amount Guaranteed			
	· 				Outstanding:	7	
SI	SUBTOTALS This Period This Page (optional)						
	TOTALS This Period (last page in this line only)						
С	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

PAGE 8 OF
FOR LINE NUMBER:
(check only one)

**X** 13a 13b

8

Transaction ID: SC/10.7872 NAME OF COMMITTEE (In Full) **KEADLE FOR CONGRESS 2012** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary KEADLE, SCOTT, , , General Mailing Address 113 SEA HIDE COURT ✗ Other (specify) ▼ Runoff State ZIP Code City X Personal Funds of the Candidate NC 28117 MOORESVILLE Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D09D M 10M Ž01Ž Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) ...... 263878.78 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.