

# 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  
**Battle for Congress**

ADDRESS (number and street) PO BOX 480305  
 Check if different than previously reported. (ACC) Charlotte NC 28269

2. **FEC IDENTIFICATION NUMBER** C C00545400 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
NC 12

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 05 / 06 / 2014 in the State of NC  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on   /   /   in the State of  

5. Covering Period 04 / 01 / 2014 through 04 / 16 / 2014

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 Mr. Albert Lee Richardson Jr.  
Signature of Treasurer Mr. Albert Lee Richardson Jr. *[Electronically Filed]* Date 07 / 08 / 2014

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  
**Battle 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))....	13140.00	240307.89
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13140.00	239807.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	21591.34	211518.01
(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)).....	21591.34	211518.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	36491.79	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	10000.00	

**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

**Battle 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).....	10350.00	190988.09
(ii) Unitemized.....	2690.00	30384.55
(iii) TOTAL of contributions from individuals ▶	13040.00	221372.64
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100.00	3177.61
(d) The Candidate.....	0.00	15757.64
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13140.00	240307.89
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	10000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	6.91
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	23140.00	250314.80

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21591.34	211518.01
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	500.00
(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	500.00
21. OTHER DISBURSEMENTS .....	0.00	1805.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	21591.34	213823.01

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	34943.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23140.00
25. SUBTOTAL (add Line 23 and Line 24).....	58083.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21591.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36491.79

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

Form/Schedule: F3A  
Transaction ID :

Revised cash on hand from previous period amendment

Form/Schedule:  
Transaction ID:

**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 24
	<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)  
**Battle for Congress**

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

Mailing Address 1305 Meadowdale Rd

City	State	Zip Code
Rock Hill	SC	29732-9129

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

Name of Employer	Occupation
Brothers and Hammers	Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : VN8VGCNGYJ3**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**L'Tanya Bailey**

Mailing Address 1100 Hartstone Dr

City	State	Zip Code
Colfax	NC	27235-9421

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

Name of Employer	Occupation
orthodontic office of Dr. L?Tanya Joy	Orthodontics

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : VN8VGCNBGF9**

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**David Renne Baker**

Mailing Address 10653 Stone Bunker Dr

City	State	Zip Code
Charlotte	NC	28227-7036

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

Name of Employer	Occupation
AME Zion Church	Minister

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : VN8VGC MVR11**

Amount of Each Receipt this Period

2450.00

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

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

3450.00

**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 24
	<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)  
**Battle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Renne Baker**

Mailing Address 10653 Stone Bunker Dr

City State Zip Code  
Charlotte NC 28227-7036

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

Name of Employer Occupation  
AME Zion Church Minister

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2014

**Transaction ID : VN8VGC MVVD2**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**Sean Bird**

Mailing Address 5731 Bellechasse St

City State Zip Code  
Charlotte NC 28210-6414

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

Name of Employer Occupation  
Deloitte Accountant

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 / 04 / 2014

**Transaction ID : VN8VGC J8XD1**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Florence S Brown**

Mailing Address PO Box 1646

City State Zip Code  
Lumberton NC 28359-1646

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

Name of Employer Occupation  
Self Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 07 / 2014

**Transaction ID : VN8VGC MSX30**

Amount of Each Receipt this Period  
100.00

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

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

500.00

**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 24
	<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)  
**Battle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sandra DuPuy**

Mailing Address 2823 Providence Rd  
Unit 162

City Charlotte State NC Zip Code 28211-2272

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

Name of Employer none Occupation none

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 / 08 / 2014

**Transaction ID : VN8VGCKXNT6**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Randolph Freeman**

Mailing Address 6714 Mahogany Woods Dr

City Charlotte State NC Zip Code 28210-4067

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

Name of Employer Information Requested Occupation Information Requested

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 / 10 / 2014

**Transaction ID : VN8VGCW4Z2**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Greg Gombar**

Mailing Address 4625 Cotton Creek Dr

City Charlotte State NC Zip Code 28226-3229

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

Name of Employer Carolinas HealthCare System Occupation Admin

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 02 / 2014

**Transaction ID : VN8VGCHYTW3**

Amount of Each Receipt this Period  
250.00

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

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

1000.00



**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 24
	<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)  
**Battle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cheryl Y Grant**

Mailing Address 5611 Linda Vista Ln

City Charlotte	State NC	Zip Code 28216-8752
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FEC ID number of contributing federal political committee. **C**

Name of Employer DBA Complete Bookkeeping	Occupation Accountant
--	--------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : VN8VGCW9G5**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Arthur Griffin, Jr.**

Mailing Address 16822 Crosshaven Dr

City Charlotte	State NC	Zip Code 28278-8611
-------------------	-------------	------------------------

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

Name of Employer MCGRAW-HILL EDUCATION	Occupation Senior Vice President
---	-------------------------------------

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 / 15 / 2014

**Transaction ID : VN8VGCN9GB2**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**W. Robert Johnson III**

Mailing Address 7707 Ninth Fairway Ln

City Mint Hill	State NC	Zip Code 28227-6887
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FEC ID number of contributing federal political committee. **C**

Name of Employer AME Zion Church	Occupation General Secretary
-------------------------------------	---------------------------------

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 : VN8VGCJ9KJ7**

Amount of Each Receipt this Period  
250.00

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

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

750.00

**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 24
	<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)  
**Battle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia L. Kirksey**

Mailing Address 12431 Flatlands Ave  
# 16C

City State Zip Code  
Brooklyn NY 11208-5819

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 09 / 2014

**Transaction ID : VN8VGCMTVH5**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Ruby McIlwain**

Mailing Address PO Box 131

City State Zip Code  
Van Wyck SC 29744-0131

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

Name of Employer Occupation  
Information Requested Information Requested

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 / 10 / 2014

**Transaction ID : VN8VGCMWCD8**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**William McKenith**

Mailing Address 9926 Parthenon Ct  
Ct. B

City State Zip Code  
Charlotte NC 28262-0282

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

Name of Employer Occupation  
AME Zion Church Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2014

**Transaction ID : VN8VGC9P5**

Amount of Each Receipt this Period  
200.00

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

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

2900.00

**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 24
	<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)  
**Battle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael McLean**

Mailing Address 5618 Thompson Rd

City State Zip Code  
Charlotte NC 28216-2313

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

Name of Employer Occupation  
East Stonewall AME Zion Church Pastor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 05 / 2014**

**Transaction ID : VN8VGC MC7G2**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Larry Melton**

Mailing Address 1202 Beatties Ford Rd

City State Zip Code  
Charlotte NC 28216-5036

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

Name of Employer Occupation  
LD Melton Financial Services Insurance Agent, Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 05 / 2014**

**Transaction ID : VN8VGC MNJQ3**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Timothy C. Okeke**

Mailing Address 701 W Monroe St

City State Zip Code  
Salisbury NC 28144-5213

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

Name of Employer Occupation  
Livingstone College Teacher

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 / 06 / 2014**

**Transaction ID : VN8VGC JZY29**

Amount of Each Receipt this Period  
**50.00**

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

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

**300.00**

**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 24
	<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)  
**Battle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy C. Okeke**

Mailing Address 701 W Monroe St

City Salisbury State NC Zip Code 28144-5213

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

Name of Employer Livingstone College Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 15 / 2014

**Transaction ID : VN8VGCN3BN4**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Lee Richardson**

Mailing Address 14823 Asheton Creek Dr

City Charlotte State NC Zip Code 28273-3448

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

Name of Employer LPL Financial Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : VN8VGCNDWK3**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue Fed (Citi Conduit)**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

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 / 12 / 2014

**Transaction ID : VN8VGCNDWK3E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

300.00

**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 24
	<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)  
**Battle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Darryl Starnes Sr.**

Mailing Address 3220 Brownes Creek Rd

City State Zip Code  
Charlotte NC 28269-8220

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

Name of Employer Occupation  
AME Zion Church Bishop

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : VN8VGCN9K27**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Eric Trosch**

Mailing Address 6733 Ciscayne PI

City State Zip Code  
Charlotte NC 28211-6017

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

Name of Employer Occupation  
Conrad Trosch & Kemmy. PA Attorney

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 / 15 / 2014**

**Transaction ID : VN8VGCNBF91**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Andrea Wever**

Mailing Address 632 Bridlepath Trl

City State Zip Code  
Davidson NC 28036-7055

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

Name of Employer Occupation  
Carolinas Health Care System Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

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

**Transaction ID : VN8VGCHQ5N8**

Amount of Each Receipt this Period  
**100.00**

**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 14 OF 24
	<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)  
**Battle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Wiggins Jr.**

Mailing Address 6417 Seton House Ln

City Charlotte State NC Zip Code 28277-4522

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

Name of Employer Carolinas HealthCare System Occupation Senior Vice President - Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : VN8VGCHXPX6**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Christopher Lee Zacharias**

Mailing Address 4511 Hedley Way Apt 208

City Charlotte State NC Zip Code 28210-1316

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

Name of Employer Ame Zion Church Occupation Pastor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : VN8VGCJ9KG1**

Amount of Each Receipt this Period  
50.00

**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).....

550.00

10350.00

# 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 15 OF 24	
<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)  
**Battle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ed Hanes for North Carolina**

Mailing Address 3920 Pomeroy Dr

City State Zip Code  
Winston Salem NC 27105-4117

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : VN8VGCNM6V3**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**100.00**

**100.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 24  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Battle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George E Battle III**

Mailing Address 11516 Fox Hill Dr

City State Zip Code  
Charlotte NC 28269-3167

FEC ID number of contributing federal political committee. **C H4NC12076**

Name of Employer Occupation  
Charlotte Mecklenburg Schools General Counsel

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 /  /

**Transaction ID : VN8VGCMMN81**

Amount of Each Receipt this Period  
10000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

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

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

10000.00

10000.00



**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 17 OF 24	
	<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)  
**Battle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 8625 Arbor Creek Dr		Amount of Each Disbursement this Period 165.91
City Charlotte	State NC	
Zip Code 28269-0534	Purpose of Disbursement Merchant Fees	<b>Transaction ID : VN7W89SH4W9</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Laura Edmisten</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 2112 Deerfield Rd		Amount of Each Disbursement this Period 392.97
City Boone	State NC	
Zip Code 28607-9662	Purpose of Disbursement Reimbursement for Event and Volunteer Dinner	<b>Transaction ID : VN7W89S3SZ7</b>
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Ticket to BPC Event \$250, Dinner for Volunteers \$142.97
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ExecuBusiness Centers</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 10130 Mallard Creek Rd Ste 300		Amount of Each Disbursement this Period 1416.60
City Charlotte	State NC	
Zip Code 28262-6001	Purpose of Disbursement Rent	<b>Transaction ID : VN7W89S2654</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1975.48
<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 18 OF 24			
	<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)  
**Battle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Indigo Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1312 9th St NW FI 2		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : VN7W89S27N3</b>
City Washington	State DC	
Zip Code 20001-4208	Purpose of Disbursement Consulting	Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Byron Ldell Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1500 Township Cir		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : VN7W89S26R4</b>
City Raleigh	State NC	
Zip Code 27609-5078	Purpose of Disbursement Field Consulting	Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Byron Ldell Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1500 Township Cir		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : VN7W89S2891</b>
City Raleigh	State NC	
Zip Code 27609-5078	Purpose of Disbursement Field Consulting	Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6500.00
<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 19 OF 24			
	<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)  
**Battle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Maya Jones</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 326 Spring St SW		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : VN7W89S26X4</b>
City Concord	State NC	
Purpose of Disbursement Field Consulting	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Maya Jones</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 326 Spring St SW		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : VN7W89S28F7</b>
City Concord	State NC	
Purpose of Disbursement Field Consulting	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Lasting Printing and Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 2803 Industrial Dr		Amount of Each Disbursement this Period 1853.18 <b>Transaction ID : VN7W89S2842</b>
City Raleigh	State NC	
Purpose of Disbursement Printing-letterhead/envelopes	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3353.18
<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 24	
	<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)  
**Battle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Valerie S McCrady</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 2604 Hickory Hwy		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VN7W89S2749</b>
City Statesville State NC Zip Code 28677-9625	Purpose of Disbursement Compliance Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Valerie S McCrady</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 2604 Hickory Hwy		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VN7W89S28B7</b>
City Statesville State NC Zip Code 28677-9625	Purpose of Disbursement Compliance Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NGP VAN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : VN7W89S27S5</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Compliance Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1900.00
<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 24	
	<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)  
**Battle for Congress**

Full Name (Last, First, Middle Initial) <b>A. People's Voice Management Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 209 S Summit Ave		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : VN7W89S2765</b>
City Charlotte	State NC	
Zip Code 28208-4412	Purpose of Disbursement Field Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Perkins JCSU</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 100 Beatties Ford Rd		Amount of Each Disbursement this Period 550.00 <b>Transaction ID : VN7W89S2818</b>
City Charlotte	State NC	
Zip Code 28216-5302	Purpose of Disbursement Catering	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Leigh Rose</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 5914 Cabell View Ct		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : VN7W89S2707</b>
City Charlotte	State NC	
Zip Code 28277-2596	Purpose of Disbursement Field Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2050.00
<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 24	
	<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)  
**Battle for Congress**

Full Name (Last, First, Middle Initial) <b>A. SeVIDI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 6235 Creek Breeze Rd		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : VN7W89S27F6</b>
City Charlotte	State NC	
Zip Code 28269-0682	Purpose of Disbursement Field Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SeVIDI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 6235 Creek Breeze Rd		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : VN7W89S28D1</b>
City Charlotte	State NC	
Zip Code 28269-0682	Purpose of Disbursement Field Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ellen Stankiewicz</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 3939 Glenwood Ave Apt 207		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : VN7W89S2688</b>
City Raleigh	State NC	
Zip Code 27612-4969	Purpose of Disbursement Finance Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4900.00
<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 23 OF 24	
	<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)  
**Battle for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 3515 David Cox Rd		Amount of Each Disbursement this Period 69.80
City Charlotte	State NC	
Zip Code 28269-2571	Purpose of Disbursement Postage	<b>Transaction ID : VN7W89S27Z2</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 3515 David Cox Rd		Amount of Each Disbursement this Period 306.00
City Charlotte	State NC	
Zip Code 28269-2571	Purpose of Disbursement Postage	<b>Transaction ID : VN7W89SH534</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 3515 David Cox Rd		Amount of Each Disbursement this Period 374.00
City Charlotte	State NC	
Zip Code 28269-2571	Purpose of Disbursement Postage	<b>Transaction ID : VN7W89S3SY9</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	749.80
<b>TOTAL</b> This Period (last page this line number only).....	21428.46

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Battle for Congress**

Transaction ID : VN8VGCMMN81L

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**George E Battle III**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
11516 Fox Hill Dr

City State ZIP Code  
Charlotte NC 28269-3167

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
10000.00 0.00 10000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 04 / D 07 / Y 2014 M M / D D / Y none % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 10000.00  
**TOTALS** This Period (last page in this line only)..... ▶ 10000.00

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