

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
RICK BRYSON FOR CONGRESS

ADDRESS (number and street) PO BOX 1695
 Check if different than previously reported. (ACC) BRYSON CITY NC 28713

2. **FEC IDENTIFICATION NUMBER** C C00610832 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NC 11

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 06 / 07 / 2016 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 / 2016 through 05 / 18 / 2016

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 DOROTHY BOOZER

Signature of Treasurer DOROTHY BOOZER [Electronically Filed] Date 05 / 18 / 2016

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
RICK BRYSON 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))....	740.00	8410.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	740.00	8410.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2763.01	11615.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1740.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2763.01	9875.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	84.51	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1550.00	

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

RICK BRYSON 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).....	0.00	5050.00
(ii) Unitemized.....	740.00	3360.00
(iii) TOTAL of contributions from individuals ▶	740.00	8410.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	740.00	8410.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	700.00	1550.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	700.00	1550.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1740.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1440.00	11700.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2763.01	11615.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2763.01	11615.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1407.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1440.00
25. SUBTOTAL (add Line 23 and Line 24).....	2847.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2763.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	84.51

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

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)
RICK BRYSON FOR CONGRESS

Full Name (Last, First, Middle Initial) FREDERICK EDGAR BRYSON		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2016	
Mailing Address PO BOX 1695		Transaction ID : SA13A.4264	
City BRYSON CITY	State NC	Zip Code 28713	
FEC ID number of contributing federal political committee. C H6NC11198		Amount of Each Receipt this Period 400.00	
Name of Employer SELF	Occupation PR WRITER		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 1250.00		
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) FREDERICK EDGAR BRYSON		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2016	
Mailing Address PO BOX 1695		Transaction ID : SA13A.4286	
City BRYSON CITY	State NC	Zip Code 28713	
FEC ID number of contributing federal political committee. C H6NC11198		Amount of Each Receipt this Period 200.00	
Name of Employer SELF	Occupation PR WRITER		
Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 1450.00		
		<input type="checkbox"/> Memo Item loan	

Full Name (Last, First, Middle Initial) FREDERICK EDGAR BRYSON		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 18 / 2016	
Mailing Address PO BOX 1695		Transaction ID : SA13A.4293	
City BRYSON CITY	State NC	Zip Code 28713	
FEC ID number of contributing federal political committee. C H6NC11198		Amount of Each Receipt this Period 100.00	
Name of Employer SELF	Occupation PR WRITER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 1550.00		
		<input type="checkbox"/> Memo Item LOAN	

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	700.00

**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 6 OF 13	
	<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)
RICK BRYSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALLISON OUTDOOR ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016
Mailing Address 35 OUTDOOR DR		Amount of Each Disbursement this Period 1250.00
City SYLVA State NC Zip Code 28779	Purpose of Disbursement BILL BOARD	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Transaction ID : SB17.4267
State: District:	Category/Type 004	

Full Name (Last, First, Middle Initial) B. ALLISON OUTDOOR ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016
Mailing Address 35 OUTDOOR DR		Amount of Each Disbursement this Period 500.00
City SYLVA State NC Zip Code 28779	Purpose of Disbursement BILL BOARDS	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Transaction ID : SB17.4288
State: District:	Category/Type 004	

Full Name (Last, First, Middle Initial) C. DAVID ROAT		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016
Mailing Address 42 FURMAN AVE #311B		Amount of Each Disbursement this Period 180.00
City ASHEVILLE State NC Zip Code 28801	Purpose of Disbursement CONSULTING FEES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Transaction ID : SB17.4266
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	1930.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13			
	<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)
RICK BRYSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID ROAT			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016		
Mailing Address 42 FURMAN AVE #311B			Amount of Each Disbursement this Period 241.00		
City ASHEVILLE	State NC	Zip Code 28801	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CONSULTING FEES		Category/ Type 001	Transaction ID : SB17.4272		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. DAVID ROAT			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016		
Mailing Address 42 FURMAN AVE #311B			Amount of Each Disbursement this Period 208.00		
City ASHEVILLE	State NC	Zip Code 28801	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CONSULTING FEES		Category/ Type 001	Transaction ID : SB17.4275		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. DAVID ROAT			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016		
Mailing Address 42 FURMAN AVE #311B			Amount of Each Disbursement this Period 120.00		
City ASHEVILLE	State NC	Zip Code 28801	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CONSULTING FEES		Category/ Type 001	Transaction ID : SB17.4284		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	569.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13			
	<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)
RICK BRYSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID ROAT		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2016
Mailing Address 42 FURMAN AVE #311B		Amount of Each Disbursement this Period 50.00
City ASHEVILLE State NC Zip Code 28801	Purpose of Disbursement CONSULTING FEES Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Transaction ID : SB17.4289
State: District:		

Full Name (Last, First, Middle Initial) B. DAVID ROAT		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016
Mailing Address 42 FURMAN AVE #311B		Amount of Each Disbursement this Period 100.00
City ASHEVILLE State NC Zip Code 28801	Purpose of Disbursement CONSULTING FEES Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Transaction ID : SB17.4290
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		<input type="checkbox"/> Memo Item
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:		

SUBTOTAL of Disbursements This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	2649.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **RICK BRYSON FOR CONGRESS** Transaction ID : **SC/10.4206**

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

Mailing Address
 PO BOX 1695
 City: BRYSON CITY State: NC ZIP Code: 28713

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
450.00	0.00	450.00

TERMS
 Date Incurred: M 08 / D 05 / Y 2015
 Date Due: M / D / Y 11/2016
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **RICK BRYSON FOR CONGRESS** Transaction ID : **SC/10.4152**

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

Mailing Address
 PO BOX 1695
 City: BRYSON CITY State: NC ZIP Code: 28713

Original Amount of Loan 400.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 400.00
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TERMS
 Date Incurred: M 03 / D 13 / Y 2016
 Date Due: M / D / Y 11/2016
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 400.00
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **RICK BRYSON FOR CONGRESS** Transaction ID : **SC/10.4264**

LOAN SOURCE Full Name (Last, First, Middle Initial) **FREDERICK EDGAR BRYSON** *PERSONAL FUNDS* Memo Item
 Mailing Address: PO BOX 1695
 Election: 2016
 Primary
 General
 Other (specify) **Special-Primary**

City: BRYSON CITY State: NC ZIP Code: 28713

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS
 Date Incurred: 04 / 21 / 2016 Date Due: / / 11/2016 Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional) 400.00
TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **RICK BRYSON FOR CONGRESS** Transaction ID : **SC/10.4286**

LOAN SOURCE Full Name (Last, First, Middle Initial) **FREDERICK EDGAR BRYSON** *PERSONAL FUNDS* Memo Item
 Mailing Address: PO BOX 1695
 Election: 2016
 Primary
 General
 Other (specify) **Special-Primary**

City: BRYSON CITY State: NC ZIP Code: 28713

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS
 Date Incurred: 05 / 11 / 2016 Date Due: / / 11/2016 Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional) 200.00
TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **RICK BRYSON FOR CONGRESS** Transaction ID : **SC/10.4293**

LOAN SOURCE Full Name (Last, First, Middle Initial) **FREDERICK EDGAR BRYSON** *PERSONAL FUNDS* Memo Item
 Mailing Address: PO BOX 1695
 Election: Primary General Other (specify) **Special-Primary**

City: BRYSON CITY State: NC ZIP Code: 28713

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS
 Date Incurred: 05 / 18 / 2016 Date Due: / / 11/2016 Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	100.00
TOTALS This Period (last page in this line only).....	1550.00

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