

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
David Rouzer 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))....	1000.00	3600.00
(b) Total Contribution Refunds (from Line 20(d)) .....	.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1000.00	3500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	66827.93	103400.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66827.93	103400.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	838924.21	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1137.90	

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)

Write or Type Committee Name

David Rouzer 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).....	1000.00	1000.00
(ii) Unitemized.....	.00	100.00
(iii) TOTAL of contributions from individuals ▶	1000.00	1100.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	2500.00
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1000.00	3600.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	.00	.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	.00	.00
(b) All Other Loans.....	.00	.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	.00	.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	.00	.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	.00	.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1000.00	3600.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	66827.93	103400.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of All Other Loans .....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	.00	100.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	100.00
21. OTHER DISBURSEMENTS	498.00	698.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	67325.93	104198.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	905250.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1000.00
25. SUBTOTAL (add Line 23 and Line 24).....	906250.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67325.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	838924.21

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 17
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
David Rouzer for Congress

A. Full Name (Last, First, Middle Initial)
Estep, Henry, Vance, ,

Mailing Address 3213 Snowberry Ct

City: Wilmington State: NC Zip Code: 28409-6604

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

Name of Employer: Griffin Estep Benefit Group Occupation: Insurance

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 24 / 2018

Transaction ID : SA11Ai-CN13231

Amount of Each Receipt this Period
1000.00

Memo Item

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

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

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NAME OF COMMITTEE (In Full)
David Rouzer for Congress

Full Name (Last, First, Middle Initial) A. Lambeth, Chauncey, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2018
Mailing Address 10 N 23rd Street		FEC Identification Number C
City Wilmington	State NC	Zip Code 28405
Purpose of Disbursement salary	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 839.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17-EX6826
State: District:	<input type="checkbox"/> Memo Item salary	

Full Name (Last, First, Middle Initial) B. US Department of the Treasury		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2018
Mailing Address 1500 Pennsylvania Avenue NW		FEC Identification Number C
City Washington	State DC	Zip Code 20220
Purpose of Disbursement taxes	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2494.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17-EX6861
State: District:	<input type="checkbox"/> Memo Item taxes	

Full Name (Last, First, Middle Initial) C. Rouzer, David, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2018
Mailing Address 5630 Old Garden Road Apartment 201		FEC Identification Number C
City Wilmington	State NC	Zip Code 28403
Purpose of Disbursement reimbursement: food/hotel/parking/cab fare/postage	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 680.91
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17-EX6844
State: District:	<input type="checkbox"/> Memo Item reimbursement: food/hotel/parking/cab fare/postage	

SUBTOTAL of Disbursements This Page (optional).....▶	4015.11
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 17			
	<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)
David Rouzer for Congress

Full Name (Last, First, Middle Initial) A. US House of Representatives Gift Shop			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2018		
Mailing Address 1 US Capitol Longworth Building			FEC Identification Number C		
City Washington	State DC	Zip Code 20515	Amount of Each Disbursement this Period 2612.50		
Purpose of Disbursement constituent gifts		Category/ Type 001	Transaction ID : SB17-EX6831		
Candidate Name		Memo Item constituent gifts			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. North Carolina Department of Revenue			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2018		
Mailing Address 501 N. Wilmington Street			FEC Identification Number C		
City Raleigh	State NC	Zip Code 27604	Amount of Each Disbursement this Period 447.00		
Purpose of Disbursement taxes		Category/ Type 001	Transaction ID : SB17-EX6862		
Candidate Name		Memo Item taxes			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Reid Political Consulting LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2018		
Mailing Address 216 Woodland Terrace			FEC Identification Number C		
City Alexandria	State VA	Zip Code 22302	Amount of Each Disbursement this Period 5466.55		
Purpose of Disbursement reimbursement: food/beverage		Category/ Type 003	Transaction ID : SB17-EX6838		
Candidate Name		Memo Item reimbursement: food/beverage			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8526.05
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 17			
	<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)
David Rouzer for Congress

Full Name (Last, First, Middle Initial) A. Reid Political Consulting LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2018		
Mailing Address 216 Woodland Terrace			FEC Identification Number C		
City Alexandria	State VA	Zip Code 22302	Amount of Each Disbursement this Period 750.00		
Purpose of Disbursement fundraising consulting		Category/ Type 003	Transaction ID : SB17-EX6839		
Candidate Name		Memo Item fundraising consulting			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. The Ford Firm PLLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2018		
Mailing Address PO Box 377			FEC Identification Number C		
City Wake Forest	State NC	Zip Code 27588	Amount of Each Disbursement this Period 1543.75		
Purpose of Disbursement compliance consulting		Category/ Type 001	Transaction ID : SB17-EX6835		
Candidate Name		Memo Item compliance consulting			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Murphy, Melissa, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2018		
Mailing Address 821 Crescent Drive			FEC Identification Number C		
City Alexandria	State VA	Zip Code 22302	Amount of Each Disbursement this Period 74.70		
Purpose of Disbursement reimbursement: food/beverage		Category/ Type 001	Transaction ID : SB17-EX6836		
Candidate Name		Memo Item reimbursement: food/beverage			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2368.45
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 9 OF 17			
	<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)
David Rouzer for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2018		
Mailing Address 300 First Street SE			FEC Identification Number C		
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 169.22		
Purpose of Disbursement food/beverage		Category/ Type 001	Transaction ID : SB17-EX6851		
Candidate Name		Memo Item food/beverage			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2018		
Mailing Address 300 First Street SE			FEC Identification Number C		
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 152.86		
Purpose of Disbursement food/beverage		Category/ Type 001	Transaction ID : SB17-EX6852		
Candidate Name		Memo Item food/beverage			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Waters, Sarah, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2018		
Mailing Address 1570 Village Glenn Drive			FEC Identification Number C		
City Raleigh	State NC	Zip Code 27612	Amount of Each Disbursement this Period 2430.50		
Purpose of Disbursement salary		Category/ Type 001	Transaction ID : SB17-EX6827		
Candidate Name		Memo Item salary			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2752.58
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 10 OF 17			
	<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)
David Rouzer for Congress

Full Name (Last, First, Middle Initial) A. Waters, Sarah, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2018		
Mailing Address 1570 Village Glenn Drive			FEC Identification Number C		
City Raleigh	State NC	Zip Code 27612	Amount of Each Disbursement this Period 1199.23		
Purpose of Disbursement reimbursement: postage		Category/ Type 001	Transaction ID : SB17-EX6842		
Candidate Name		Memo Item reimbursement: postage			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. LN Consulting			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2018		
Mailing Address 121 State Street			FEC Identification Number C		
City Harrisburg	State PA	Zip Code 17101	Amount of Each Disbursement this Period 36000.00		
Purpose of Disbursement campaign consulting		Category/ Type 001	Transaction ID : SB17-EX6845		
Candidate Name		Memo Item campaign consulting			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. The Gallery Collection			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2018		
Mailing Address 65 Challenger Road			FEC Identification Number C		
City Ridgefield Park	State NJ	Zip Code 07660	Amount of Each Disbursement this Period 3235.01		
Purpose of Disbursement printing		Category/ Type 001	Transaction ID : SB17-EX6833		
Candidate Name		Memo Item printing			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	40434.24
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 11 OF 17			
	<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)
David Rouzer for Congress

Full Name (Last, First, Middle Initial) A. Congressional Institute Inc			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2018		
Mailing Address 1700 Diagonal Road #730			FEC Identification Number C		
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 582.79		
Purpose of Disbursement event fee		Category/ Type 001	Transaction ID : SB17-EX6850		
Candidate Name		Memo Item event fee			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. District Taco			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2018		
Mailing Address 656 Pennsylvania Avenue			FEC Identification Number C		
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1430.00		
Purpose of Disbursement food/beverage		Category/ Type 001	Transaction ID : SB17-EX6840		
Candidate Name		Memo Item food/beverage			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Christ, William, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2018		
Mailing Address 102 Lakeview Court			FEC Identification Number C		
City Hampstead	State NC	Zip Code 28443	Amount of Each Disbursement this Period 2419.50		
Purpose of Disbursement salary		Category/ Type 001	Transaction ID : SB17-EX6828		
Candidate Name		Memo Item salary			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4432.29
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 12 OF 17			
	<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)
David Rouzer for Congress

Full Name (Last, First, Middle Initial) A. Smotkin, Danielle, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2018		
Mailing Address 458 Delafield Place NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20011	Amount of Each Disbursement this Period 1250.00		
Purpose of Disbursement campaign consulting		Category/ Type 001	Transaction ID : SB17-EX6825		
Candidate Name		Memo Item campaign consulting			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	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:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	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).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	63778.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 17	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
David Rouzer for Congress

Full Name (Last, First, Middle Initial) A. National Republican Congressional Committee		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2018
Mailing Address 320 1st St SE		FEC Identification Number C C00075820
City Washington	State DC	Zip Code 20003
Purpose of Disbursement registration fees	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 498.00
Candidate Name National Republican Congressional Committee	Category/ Type	Transaction ID : SB21-EX6832
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item registration fees
State: District:		

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

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<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).....▶	498.00
TOTAL This Period (last page this line number only).....▶	498.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
David Rouzer for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Grand Cab			Nature of Debt (Purpose): Invoice: cab fare
Mailing Address 3001 Earl Place NE			
City Washington	State DC	Zip Code 20018	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6874	
Amount Incurred This Period <input type="text" value="29.70"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="29.70"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lotte New York Palace			Nature of Debt (Purpose): Invoice: food/beverage
Mailing Address 455 Madison Avenue			
City New York	State NY	Zip Code 10022	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6863	
Amount Incurred This Period <input type="text" value="8.17"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8.17"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Uber			Nature of Debt (Purpose): Invoice: cab fare
Mailing Address 18 Howard Street Suite 8			
City San Francisco	State CA	Zip Code 94105	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6864	
Amount Incurred This Period <input type="text" value="11.25"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="11.25"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="49.12"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
David Rouzer for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Park Avenue Autumn			Nature of Debt (Purpose): Invoice: food/beverage
Mailing Address 360 Park Avenue S			
City New York	State NY	Zip Code 10010	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6865	
Amount Incurred This Period <input type="text" value="40.84"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="40.84"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NYC Taxi			Nature of Debt (Purpose): Invoice: cab fare
Mailing Address PO Box 125			
City Brooklyn	State NY	Zip Code 11222	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6866	
Amount Incurred This Period <input type="text" value="10.55"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10.55"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cafe Duke			Nature of Debt (Purpose): Invoice: food/beverage
Mailing Address 140 W 51st Street			
City New York	State NY	Zip Code 10020	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6867	
Amount Incurred This Period <input type="text" value="34.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="34.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="85.39"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
David Rouzer for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lotte New York Palace			Nature of Debt (Purpose): Invoice: food/beverage
Mailing Address 455 Madison Avenue			
City New York	State NY	Zip Code 10022	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6868	
Amount Incurred This Period <input type="text" value="8.17"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8.17"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Park Avenue Autumn			Nature of Debt (Purpose): Invoice: food/beverage
Mailing Address 360 Park Avenue S			
City New York	State NY	Zip Code 10010	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6869	
Amount Incurred This Period <input type="text" value="233.55"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="233.55"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NYC Taxi			Nature of Debt (Purpose): Invoice: cab fare
Mailing Address PO Box 125			
City Brooklyn	State NY	Zip Code 11222	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6870	
Amount Incurred This Period <input type="text" value="9.35"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9.35"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="251.07"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

David Rouzer for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lotte New York Palace			Nature of Debt (Purpose): Invoice: hotel
Mailing Address 455 Madison Avenue			
City New York	State NY	Zip Code 10022	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6871	
Amount Incurred This Period <input type="text" value="702.33"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="702.33"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lotte New York Palace			Nature of Debt (Purpose): Invoice: food/beverage
Mailing Address 455 Madison Avenue			
City New York	State NY	Zip Code 10022	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6872	
Amount Incurred This Period <input type="text" value="41.31"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="41.31"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Uber			Nature of Debt (Purpose): Invoice: cab fare
Mailing Address 18 Howard Street Suite 8			
City San Francisco	State CA	Zip Code 94105	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10-INV6873	
Amount Incurred This Period <input type="text" value="8.68"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8.68"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="752.32"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="1137.90"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="1137.90"/>