

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Joe Wilson 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))....	112172.26	523111.00
(b) Total Contribution Refunds (from Line 20(d))	150.00	2750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	112022.26	520361.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	72663.67	281917.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	16821.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	72663.67	265096.03
8. Cash on Hand at Close of Reporting Period (from Line 27).....	260476.90	
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).....	0.00	

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

Joe Wilson 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).....	55625.00	214767.00
(ii) Unitemized.....	15547.26	90344.00
(iii) TOTAL of contributions from individuals ▶	71172.26	305111.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	41000.00	218000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	112172.26	523111.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	16821.41
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	1.58	746.05
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	112173.84	540678.46

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72663.67	281917.44
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	150.00	2750.00
(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)).....	150.00	2750.00
21. OTHER DISBURSEMENTS	0.00	300.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	72813.67	284967.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	221116.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	112173.84
25. SUBTOTAL (add Line 23 and Line 24).....	333290.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	72813.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	260476.90

**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 78
	<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	

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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) MS. HARRIETTA P. ALLEN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 12 / 2013	
Mailing Address 163 PINEWOOD DRIVE		Transaction ID : SA11.100162	
City State Zip Code CHAPIN SC 29036-8157	Amount of Each Receipt this Period _____ 50.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation RETIRED RETIRED TEACHER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 275.00		

Full Name (Last, First, Middle Initial) MS. HARRIETTA P. ALLEN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2013	
Mailing Address 163 PINEWOOD DRIVE		Transaction ID : SA11.100182	
City State Zip Code CHAPIN SC 29036-8157	Amount of Each Receipt this Period _____ 25.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation RETIRED RETIRED TEACHER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 275.00		

Full Name (Last, First, Middle Initial) MS. HARRIETTA P. ALLEN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013	
Mailing Address 163 PINEWOOD DRIVE		Transaction ID : SA11.100460	
City State Zip Code CHAPIN SC 29036-8157	Amount of Each Receipt this Period _____ 50.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation RETIRED RETIRED TEACHER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 275.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 125.00
TOTAL This Period (last page this line number only).....	_____

**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 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAMES BERG

Mailing Address 3144 BLENDON ROAD

City State Zip Code
OWNINGS MILLS MD 21117-1659

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

Name of Employer Occupation
NYLSI INC. AUTO EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11.100498

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EDMUND F. BROWN

Mailing Address 622 HARBOR CREEK PLACE

City State Zip Code
CHARLESTON SC 29412-3203

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

Name of Employer Occupation
REPORTER NY SOCIAL DIARY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11.100554

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WALTER J. BUCKERT JR.

Mailing Address 20898 ROYAL VILLA TERRACE

City State Zip Code
POTOMAC FALLS VA 20165-2499

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

Name of Employer Occupation
WEBCO GENERAL PARTNERSHIP DIRECTOR GOVERNMENT & INDUSTRY AFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 05 2013

Transaction ID : SA11.100231

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. WALTER J. BUCKERT JR.

Mailing Address 20898 ROYAL VILLA TERRACE

City POTOMAC FALLS State VA Zip Code 20165-2499

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

Name of Employer WEBCO GENERAL PARTNERSHIP Occupation DIRECTOR GOVERNMENT & INDUSTRY AFI

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2013

Transaction ID : SA11.100448

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DWIGHT M. CAUTHEN

Mailing Address 3817 DEVEREAUX RD

City COLUMBIA State SC Zip Code 29205-2023

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

Name of Employer SILVER CRESCENT, LLC Occupation GOVERNMENT RELATIONS

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
12 / 31 / 2013

Transaction ID : SA11.100534

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID COHEN

Mailing Address 1463 BIENVENEDA AVENUE

City PACIFIC PALISADES State CA Zip Code 90272-2347

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

Name of Employer KARLIN ASSET MANAGEMENT Occupation FINANCE EXEC.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100504

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

1350.00

**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 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MS. SHERRILL B. CORNETT

Mailing Address 13396 ONION CREEK COURT

City State Zip Code
FORT MYERS FL 33912-3802

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
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 06 / 2013

Transaction ID : SA11.100260

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES J. DARGAN

Mailing Address 6 RUNNING BRANCH DRIVE

City State Zip Code
HAVELOCK NC 28532-2931

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 21 / 2013

Transaction ID : SA11.83034

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. REBECCA W. DELLENEY

Mailing Address 127 W END STREET

City State Zip Code
CHESTER SC 29706-1818

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 10 / 2013

Transaction ID : SA11.100269

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

400.00

**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 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. TONY DENNY

Mailing Address 104 JOHN PRESTON DRIVE

City Lexington State SC Zip Code 29072-7714

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

Name of Employer DENNY PUBLIC AFFAIRS Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100526

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DENNIS E. DREW

Mailing Address 1630 AZTEC LN

City MT PLEASANT State SC Zip Code 29466-8863

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11.100204

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JACK EDLOW

Mailing Address 11213 STEPHALEE LANE

City ROCKVILLE State MD Zip Code 20852-3657

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

Name of Employer EDLOW INTERNATIONAL COMPANY Occupation PRESIDENT

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
 12 / 05 / 2013

Transaction ID : SA11.100232

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

3600.00

**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 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
DR. JOSEPH ENGLANOFF MD

Mailing Address **9533 SAWYER STREET**

City **LOS ANGELES** State **CA** Zip Code **90035-4105**

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

Name of Employer **SELF EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100431

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. VICTORIA FRANKEL

Mailing Address **9336 CRESTA DRIVE**

City **LOS ANGELES** State **CA** Zip Code **90035-4119**

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

Name of Employer **SELF EMPLOYED** Occupation **CPA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100505

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PHILIP E. GAUCHER JR.

Mailing Address **44 E 65TH STREET
APT. 3B**

City **NEW YORK** State **NY** Zip Code **10065-7022**

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

Name of Employer **VERIMED** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100553

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2250.00

**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 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOHN W. GLENN

Mailing Address 4701 HEATH HILL ROAD

City State Zip Code
COLUMBIA SC 29206-4610

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KEENANSUGGS INSURANCE BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
12 31 2013

Transaction ID : SA11.100380

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GREGORY L. GOODMAN

Mailing Address 2903 HARLINSDALE DRIVE

City State Zip Code
ROCK HILL SC 29732-0213

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CAROLINAPAD MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
12 19 2013

Transaction ID : SA11.100333

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT GOODMAN

Mailing Address 473 WOMTHROP ROAD

City State Zip Code
TEANECK NJ 07666-2969

FEC ID number of contributing federal political committee.

Name of Employer Occupation
COLUMBIA UNIVERSITY PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
12 31 2013

Transaction ID : SA11.100499

Amount of Each Receipt this Period

CONTRIBUTION

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

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

**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 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. GERALD GORDON MD

Mailing Address 1725 HUNTSMAN DRIVE

City State Zip Code
AIKEN SC 29803-5239

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

Name of Employer Occupation
INTERNAL MEDICINE ASSOCIATES OF AIKEI PHYSICIAN

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
12 31 2013

Transaction ID : SA11.100442

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KARL A. HASLINGER

Mailing Address 330 WOODS POINT ROAD

City State Zip Code
GILBERT SC 29054-9471

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

Name of Employer Occupation
ESSEX HOMES PRESIDENT

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
12 31 2013

Transaction ID : SA11.100529

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN J. HAWES

Mailing Address 5 CATESBY CIRCLE

City State Zip Code
COLUMBIA SC 29206-4964

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

Name of Employer Occupation
VAMC DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 28 2013

Transaction ID : SA11.87237

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. FORREST D. HAYES

Mailing Address 56 WEXFORD ON THE GREEN

City HILTON HEAD ISLAND	State SC	Zip Code 29928-6125
----------------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 10 / 2013

Transaction ID : SA11.100267

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID HIRSCH

Mailing Address 4500 POWERS FERRY ROAD

City ATLANTA	State GA	Zip Code 30327-3425
-----------------	-------------	------------------------

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

Name of Employer ECI GROUP	Occupation REAL ESTATE
-------------------------------	---------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100501

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ASHLEY M. HOEFER

Mailing Address 946 WOODLAND DRIVE

City COLUMBIA	State SC	Zip Code 29205-2046
------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation SALES
-----------------------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100398

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2100.00

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

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

FOR LINE NUMBER: PAGE 14 OF 78
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOHN M. HOEFER ESQ.

Mailing Address **946 WOODLAND DRIVE**

City **COLUMBIA** State **SC** Zip Code **29205-2046**

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

Name of Employer **WILLOUGHBY & HOEFER, P.A.** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100368

Amount of Each Receipt this Period
600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LINDSAY HOLCOMB JR.

Mailing Address **410 CROSSINGHAM ROAD**

City **MOUNT AIRY** State **NC** Zip Code **27030-9169**

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

Name of Employer **RETIRED** Occupation **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 Y
12 / 31 / 2013

Transaction ID : SA11.100392

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD J. HOOK

Mailing Address **176 SHARON LAKE COURT**

City **LEXINGTON** State **SC** Zip Code **29072-7670**

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

Name of Employer **US 1 FLEA MARKET** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100372

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. FRED B. JOHNSTON II

Mailing Address **7 OLD FARM LANE**

City **IRMO** State **SC** Zip Code **29063-8556**

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

Name of Employer **SELF EMPLOYED** Occupation **BUSINESS OWNER**

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
12 / 27 / 2013

Transaction ID : SA11.100362

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. WILLIAM A. JOHNSON

Mailing Address **317 OAKBROOK DRIVE**

City **COLUMBIA** State **SC** Zip Code **29223-8119**

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

Name of Employer **COLUMBIA EYE CLINIC, P.A.** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 19 / 2013

Transaction ID : SA11.100321

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HOWELL C. JONES JR.

Mailing Address **PO BOX 40**

City **SHELDON** State **SC** Zip Code **29941-0040**

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

Name of Employer **SELF EMPLOYED** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 06 / 2013

Transaction ID : SA11.100249

Amount of Each Receipt this Period
75.00
 CONTRIBUTION

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

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

825.00

**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 16 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. TIMOTHY J. KERN

Mailing Address **3400 FOREST DRIVE**

City **COLUMBIA** State **SC** Zip Code **29204-4041**

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

Name of Employer **FORTRESS BUILDERS** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100560

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. MARIE W. KLECKLEY

Mailing Address **3763 MINERAL SPRINGS ROAD**

City **LEXINGTON** State **SC** Zip Code **29073-9222**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100432

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT A. KNIGHT

Mailing Address **107 LANNEAU DRIVE**

City **GREENVILLE** State **SC** Zip Code **29605-1709**

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

Name of Employer **PUBLIC STRATEGY, LLC** Occupation **OWNER**

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
12 / 31 / 2013

Transaction ID : SA11.100557

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1300.00

**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 17 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL KOGON

Mailing Address 335 GLEN LAKE DRIVE, NW

City ATLANTA State GA Zip Code 30327-4819

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

Name of Employer DEFINITION6 Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100500

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD KOPELMAN

Mailing Address 4761 MYSTIC DRIVE NE

City ATLANTA State GA Zip Code 30342-2550

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

Name of Employer HA&W Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100506

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD M. KRAMER

Mailing Address 91 CHADWICK DRIVE

City CHARLESTON State SC Zip Code 29407-7449

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

Name of Employer SELF EMPLOYED Occupation INSURANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100552

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2250.00

**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 18 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MRS. ELAYNE LEVKOWITZ

Mailing Address 1918 SOUTH ROXBURY DRIVE

City State Zip Code
BEVERLY HILLS CA 90035-4032

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

Name of Employer Occupation
UCLA ADMISSIONS OFFICER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
12 31 2013

Transaction ID : SA11.100471

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HOWARD LEVKOWITZ

Mailing Address 1918 SOUTH ROXBURY DRIVE

City State Zip Code
BEVERLY HILLS CA 90035-4032

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

Name of Employer Occupation
TENNENBAUM MANAGING PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
12 31 2013

Transaction ID : SA11.100470

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK A. LIKER

Mailing Address 16814 OAK VIEW DRIVE

City State Zip Code
ENCINO CA 91436-3240

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

Name of Employer Occupation
NEUROSURGICAL ASSOC. OF LA PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 31 2013

Transaction ID : SA11.100495

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

5100.00

**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 19 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. LARRY LIPOV

Mailing Address **7 REBELLION ROAD**

City **CHARLESTON** State **SC** Zip Code **29407-7457**

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

Name of Employer **PEARLSTINE DISTRIBUTORS INC.** Occupation **PRESIDENT/OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 05 / 2013

Transaction ID : SA11.100233

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. LOUIS B. LYNN PH.D.

Mailing Address **5554 FARROW ROAD**

City **COLUMBIA** State **SC** Zip Code **29203-6735**

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

Name of Employer **ENVIRO AGSCIENCE, INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100444

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MARGARET MABELTINI

Mailing Address **5902 LAKESHORE DRIVE**

City **COLUMBIA** State **SC** Zip Code **29206-4328**

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

Name of Employer **SELF EMPLOYED** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100387

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

1300.00

**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 20 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
DR. GINGER MACAULAY

Mailing Address 1044 OLD ORANGEBURG ROAD

City Lexington State SC Zip Code 29073-8417

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

Name of Employer CHEROKEE TRAIL VETERINARY HOSP Occupation VETERIANARIAN

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
 12 / 16 / 2013

Transaction ID : SA11.100310

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ERNEST MAGARO JR.

Mailing Address 329 TRAM ROAD

City COLUMBIA State SC Zip Code 29210-4416

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

Name of Employer NVR RYMARC HOMES OF SC LL Occupation 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 Y Y
 11 / 19 / 2013

Transaction ID : SA11.100186

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN F. MAYBANK JR.

Mailing Address 330 CONCORD STREET UNIT 2G

City CHARLESTON State SC Zip Code 29401-1516

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

Name of Employer MAYBANK INDUSTRIES Occupation PRESIDENT

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
 11 / 19 / 2013

Transaction ID : SA11.100166

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MS. JEANELLE M. MCCAIN

Mailing Address 2120 SHULL AVENUE

City State Zip Code
GILBERT SC 29054-8616

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

Name of Employer Occupation
PROGRESS ENERGY DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100544

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CAROLYN E. MCDONNELL

Mailing Address 1193 STARR WAY

City State Zip Code
VIRGINIA BEACH VA 23454-3054

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

Name of Employer Occupation
MILITARY PRODUCE GROUP OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 05 / 2013

Transaction ID : SA11.100234

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. DORIS MCELVEEN

Mailing Address 644 N COLUMBIA STREET

City State Zip Code
BOGALUSA LA 70427-2912

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
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11.100312

Amount of Each Receipt this Period
50.00
CONTRIBUTION

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

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

2050.00

**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 22 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MS. DENISE HENRY MORRISEY

Mailing Address 7400 PARK TERRACE DRIVE

City State Zip Code
ALEXANDRIA VA 22307-2039

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

Name of Employer Occupation
PARTNER CAPITOL COUNSEL LLC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11.100578

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CYNTHIA C. MOSTELLER

Mailing Address 574 NEEDLERUSH PARKWAY

City State Zip Code
MT PLEASANT SC 29464-6246

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

Name of Employer Occupation
SPIRIT LINE CRUISES OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11.100522

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVEN M. MUNGO

Mailing Address 1807 SALEM CHURCH ROAD

City State Zip Code
IRMO SC 29063-9141

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

Name of Employer Occupation
MUNGO COMPANY BUILDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11.100561

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MS. DARLENE MURDOCH

Mailing Address **72 JUNIPER LOOP**

City **AIKEN** State **SC** Zip Code **29803-2643**

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

Name of Employer **SAVANNAH RIVER SITE** Occupation **EMPLOYEE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 04 / 2013

Transaction ID : SA11.87243

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID NAGEL

Mailing Address **9430 CRESTA DRIVE**

City **LOS ANGELES** State **CA** Zip Code **90035-4121**

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

Name of Employer **DECRON PROPERTIES CORP.** Occupation **REAL ESTATE EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100430

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RONALD L. O'NEAL

Mailing Address **1021 ENCLAVE WAY**

City **COLUMBIA** State **SC** Zip Code **29223-3262**

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

Name of Employer **SUNOCO** Occupation **VP OPERATIONS ICD NA**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11.61182

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1200.00

**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 24 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH B. OLDING III

Mailing Address **6665 AVIGNON BOULEVARD**

City **FALLS CHURCH** State **VA** Zip Code **22043-1724**

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

Name of Employer **WEBCO GENERAL PARTNERSHIP** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 28 / 2013

Transaction ID : SA11.100449

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GEOFFREY RICHARD PENLAND

Mailing Address **153 CARRIAGE HILL DRIVE**

City **LEXINGTON** State **SC** Zip Code **29072-7503**

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

Name of Employer **SANTEE COOPER** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100559

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. LENORA H. PUSTA

Mailing Address **138 W SUNFLOWER DRIVE**

City **PAYSON** State **AZ** Zip Code **85541-6152**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **575.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 04 / 2013

Transaction ID : SA11.100227

Amount of Each Receipt this Period
75.00
 CONTRIBUTION

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

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

875.00

**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 25 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAY W. RAGLEY

Mailing Address **2718 BURNEY DRIVE**

City **COLUMBIA** State **SC** Zip Code **29205-3121**

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

Name of Employer **CONNECTIONS EDUCATION** Occupation **SENIOR DIRECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100558

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JONATHAN RODBELL

Mailing Address **99 PEACHTREE BATTLE AVENUE, NW**

City **ATLANTA** State **GA** Zip Code **30305-4109**

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

Name of Employer **ATLANTA PROPERTY GROUP, LLC** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100503

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN R. ROOF

Mailing Address **390 YACHTING RD**

City **LEXINGTON** State **SC** Zip Code **29072-8178**

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

Name of Employer **RPW DEVELOPMENT, INC.** Occupation **REAL ESTATE DEVELOPER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100523

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2250.00

**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 26 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH B. ROSEN MAI, SRA

Mailing Address 1717 LAUREL STREET

City COLUMBIA	State SC	Zip Code 29201-2624
------------------	-------------	------------------------

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

Name of Employer ROSEN APPRAISAL	Occupation REAL ESTATE APPRAISER
-------------------------------------	-------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 03 / 2013

Transaction ID : SA11.100210

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH B. ROSEN MAI, SRA

Mailing Address 1717 LAUREL STREET

City COLUMBIA	State SC	Zip Code 29201-2624
------------------	-------------	------------------------

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

Name of Employer ROSEN APPRAISAL	Occupation REAL ESTATE APPRAISER
-------------------------------------	-------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100370

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN O. ROSSETTI JR.

Mailing Address 5408 DUVALL DRIVE

City BETHESDA	State MD	Zip Code 20816-1872
------------------	-------------	------------------------

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

Name of Employer AMERICAN LOGISTICS ASS'N	Occupation GOVERNMENT RELATIONS
----------------------------------------------	------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : SA11.100242

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

575.00

**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 27 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. FOSTER M. ROUTH III

Mailing Address **2904 WHEAT STREET**

City **COLUMBIA** State **SC** Zip Code **29205-2518**

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

Name of Employer **COPPER DOME STRATEGIES, LLC** Occupation **CONSULTANT**

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
12 / 31 / 2013

Transaction ID : SA11.100546

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE HONORA JOHN R. RUSSELL

Mailing Address **528 SHERWOOD CIR**

City **SPARTANBURG** State **SC** Zip Code **29302-2720**

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

Name of Employer **SILVER CRESCENT** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100461

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HENRY C. SCOTT

Mailing Address **PO BOX 535**

City **ALLENDALE** State **SC** Zip Code **29810-0535**

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

Name of Employer **COLLUM'S LUMBER PRODUCTS** Occupation **MANAGEMENT/CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100580

Amount of Each Receipt this Period
2300.00
 CONTRIBUTION

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

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

5050.00

**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 28 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. TIMOTHY B. SEASE

Mailing Address 485 BROOK HAVEN COURT

City MOUNT PLEASANT State SC Zip Code 29464-8117

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

Name of Employer FIRST FEDERAL BANK OF CHARLESTON Occupation SECURITY DIRECTOR

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
 12 / 31 / 2013

Transaction ID : SA11.100528

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT H. SHARP

Mailing Address PO BOX 1368

City SUMTER State SC Zip Code 29151-1368

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

Name of Employer SHARP CONSTRUCTION Occupation PRESIDENT

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
 12 / 16 / 2013

Transaction ID : SA11.100287

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KENNETH SHULER

Mailing Address 120 TALL TIMBER TRAIL

City LEXINGTON State SC Zip Code 29072-9774

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

Name of Employer SHULER SCHOOL OF COSMETOLOGY Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100375

Amount of Each Receipt this Period
 50.00

CONTRIBUTION

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

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

800.00

**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 29 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. ANTHONY J. SKATELL

Mailing Address **2 49TH AVE**

City **ISLE OF PALMS** State **SC** Zip Code **29451-2609**

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

Name of Employer **SKATELL JEWELERS** Occupation **JEWELER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 19 / 2013

Transaction ID : SA11.100205

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ANGELIA SMITH OWENS

Mailing Address **PO BOX 50707**

City **COLUMBIA** State **SC** Zip Code **29250-0707**

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

Name of Employer **KELLEY, MCCAIN & SMITH OWENS** Occupation **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
12 / 31 / 2013

Transaction ID : SA11.100535

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT R. SMITH II, ESQ.

Mailing Address **4212 TRENHOLM ROAD**

City **COLUMBIA** State **SC** Zip Code **29206-4457**

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

Name of Employer **MOORE & VAN ALLEN PLLC** Occupation **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
12 / 08 / 2013

Transaction ID : SA11.100244

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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 30 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. DAVID M. STIER

Mailing Address 9926 BLAKE LANE

City OAKTON State VA Zip Code 22124-2901

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

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

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
 10 / 07 / 2013

Transaction ID : SA11.32196

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HOWARD SZABO

Mailing Address 341 S. PECK DRIVE

City BEVERLY HILLS State CA Zip Code 90212-3714

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

Name of Employer SELF EMPLOYED Occupation REAL ESTATE

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
 12 / 31 / 2013

Transaction ID : SA11.100497

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SANDEEP TEPPARA

Mailing Address 6533 RENWOOD LANE

City ANNANDALE State VA Zip Code 22003-2040

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

Name of Employer DT STRATEGIES, INC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100391

Amount of Each Receipt this Period
25.00

CONTRIBUTION

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

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

775.00

**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 31 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. CLAYTON C. TOBIAS

Mailing Address **844 ORCHID ROAD**

City **BARNWELL** State **SC** Zip Code **29812-5414**

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

Name of Employer **SELF-EMPLOYED** Occupation **GOAT, RABBIT, AND HORSE FARM**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100389

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RAYMOND G. TOBIN

Mailing Address **PO BOX 710218**

City **SAN DIEGO** State **CA** Zip Code **92171-0218**

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

Name of Employer **RETIRED** Occupation **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
10 / 28 / 2013

Transaction ID : SA11.93211

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FRANK P. TOURVILLE SR.

Mailing Address **2091 GRIFFITH DRIVE**

City **ORANGEBURG** State **SC** Zip Code **29118-4007**

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

Name of Employer **ZEUS** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11.100319

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

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

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

2300.00

**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 32 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. ARCHIE W. TRAWICK, JR.

Mailing Address **220 JAKES LANDING ROAD**
SUITE 2

City **LEXINGTON** State **SC** Zip Code **29072-9690**

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

Name of Employer **JAKES LANDING, LLC** Occupation **MARINA OPERATOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : SA11.100275

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MANUEL R. VALLARINO

Mailing Address **320 N AZALEA DRIVE**

City **SURFSIDE BEACH** State **SC** Zip Code **29575-5024**

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

Name of Employer **VALLARINO CONSTRUCTUION, LLC** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100576

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARY EMILY J. VALLARINO

Mailing Address **320 N AZALEA DRIVE**

City **SURFSIDE BEACH** State **SC** Zip Code **29575-5024**

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

Name of Employer **VALLARINO CONSTRUCTION, INC.** Occupation **VICE PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100579

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

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

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

5700.00

**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 33 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. DAVID WEINER

Mailing Address 3250 CLUB DRIVE

City LOS ANGELES State CA Zip Code 90064-4812

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

Name of Employer VAVOULIS, WEINER & MCNULTY Occupation ECONOMIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100502

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ANDY WHITE

Mailing Address 631 BRANDON COURT

City LEXINGTON State SC Zip Code 29072-7527

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

Name of Employer SALUDA RIVER CLUB Occupation HOME BUILDER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100533

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JUDITH H. WRENN

Mailing Address PO BOX 102

City BALLENTINE State SC Zip Code 29002-0102

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2013

Transaction ID : SA11.100211

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

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

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

2050.00

**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 34 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
COLONEL WILLIAM GLENN YARBOROUGH JR.

Mailing Address **PO BOX 828**

City **MC LEAN** State **VA** Zip Code **22101-0828**

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

Name of Employer **WGY & ASSOCIATES** Occupation **GOVERNMENT RELATIONS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 05 / 2013

Transaction ID : SA11.100243

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ANITA G. ZUCKER

Mailing Address **16 BUCKINGHAM DRIVE**

City **CHARLESTON** State **SC** Zip Code **29407-3455**

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

Name of Employer **THE INTERTECH GROUP** Occupation **EXECUTIVE**

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
11 / 19 / 2013

Transaction ID : SA11.100167

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLESTON BRANCH PILOT ASSOC.

Mailing Address **6 CONCORD STREET**

City **CHARLESTON** State **SC** Zip Code **29401-2566**

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

Name of Employer Occupation

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
12 / 31 / 2013

Transaction ID : SA11.100562

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1500.00

**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 35 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MR. WHIT J. SMITH

Mailing Address **PO BOX 179**

City **CHARLESTON** State **SC** Zip Code **29402-0179**

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

Name of Employer **CHARLESTON BRANCH PILOT ASSOC.** Occupation **HARBOR PILOT**

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
12 / 31 / 2013

Transaction ID : SA11.100563

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JOHNSON & ASSOCIATES INSURANCE, INC.

Mailing Address **176 MCSWAIN DRIVE
SUITE B**

City **WEST COLUMBIA** State **SC** Zip Code **29169-4825**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100586

Amount of Each Receipt this Period
150.00

CONTRIBUTION

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).....

150.00

55625.00

**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 36 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

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
12 / 28 / 2013

Transaction ID : SA11.100447

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY PAC

Mailing Address 1111 N FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

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
11 / 19 / 2013

Transaction ID : SA11.100187

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AREVA INC. PAC

Mailing Address ATTN: MRS. LAURIE HARRISON
4800 HAMPDEN LANE

City BETHESDA State MD Zip Code 20814-2930

FEC ID number of contributing federal political committee. **C** C00395285

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
10 / 25 / 2013

Transaction ID : SA11.11449

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

3000.00

**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 37 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL PAC

Mailing Address 208 S AKARD STREET
SUITE 2701

City DALLAS State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : SA11.100241

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AZ PAC

Mailing Address 1800 CONCORD PIKE

City WILMINGTON State DE Zip Code 19803-2910

FEC ID number of contributing federal political committee. **C C00279455**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100427

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BECHTEL GROUP, INC. POLITICAL ACTION COMMITTEE

Mailing Address 50 BEALE STREET

City SAN FRANCISCO State CA Zip Code 94105-1813

FEC ID number of contributing federal political committee. **C C00103697**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11.11484

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

5500.00

**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 38 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
BOEING POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100531

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRETT PAC

Mailing Address 504 DEREK AVENUE

City ELIZABETHTOWN State KY Zip Code 42701-9168

FEC ID number of contributing federal political committee. **C** C00483487

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11.100190

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CB&I POLITICAL ACTION COMMITTEE

Mailing Address 1050 K STREET NW SUITE 620

City WASHINGTON State DC Zip Code 20001-4456

FEC ID number of contributing federal political committee. **C** C00104885

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : SA11.100237

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

**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 39 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11.100532

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 401 9TH STREET NW
SUITE 1100

City WASHINGTON State DC Zip Code 20004-2148

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 05 / 2013

Transaction ID : SA11.100235

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FLUOR CORPORATION PAC

Mailing Address 403 E CAPITOL STREET SE

City WASHINGTON State DC Zip Code 20003-3810

FEC ID number of contributing federal political committee. **C C00034132**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11.5538

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

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

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

4000.00

**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 40 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVENUE NW
SUITE 900

City WASHINGTON State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11.100188

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVENUE NW
SUITE 900

City WASHINGTON State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11.100189

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVENUE NW
SUITE 900

City WASHINGTON State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11.100192

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

2000.00

**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 41 OF 78
	<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)
Joe Wilson for Congress

A. HARRIS CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 600 MARYLAND AVENUE SW
SUITE 850E

City WASHINGTON State DC Zip Code 20024-2566

FEC ID number of contributing federal political committee. **C C00100321**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 19 / 2013

Transaction ID : SA11.100191

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. K&L GATES LLP POLITICAL ACTION COMMITTEE (DC)

Full Name (Last, First, Middle Initial)
Mailing Address 1601 K STREET NW
SUITE 500

City WASHINGTON State DC Zip Code 20006-1682

FEC ID number of contributing federal political committee. **C C00213173**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 05 / 2013

Transaction ID : SA11.100239

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. LEIDOS INC. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 301 LABORATORY ROAD

City OAK RIDGE State TN Zip Code 37830-6912

FEC ID number of contributing federal political committee. **C C00546234**

Name of Employer Occupation

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
12 / 28 / 2013

Transaction ID : SA11.100452

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

4000.00

**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 42 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
NFIB SAFE TRUST PAC

Mailing Address 1201 F STREET NW
SUITE 200

City WASHINGTON State DC Zip Code 20004-1221

FEC ID number of contributing federal political committee. **C C00101105**

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
 12 / 31 / 2013

Transaction ID : SA11.100428

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NUCOR CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 2100 REXFORD ROAD

City CHARLOTTE State NC Zip Code 28211-3589

FEC ID number of contributing federal political committee. **C C00379628**

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
 12 / 31 / 2013

Transaction ID : SA11.100429

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PARSONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 100 W WALNUT STREET

City PASADENA State CA Zip Code 91124-0001

FEC ID number of contributing federal political committee. **C C00103549**

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
 12 / 05 / 2013

Transaction ID : SA11.100238

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 43 OF 78
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
RITE AID CORPORATION PAC

Mailing Address 30 HUNTER LANE

City State Zip Code
CAMP HILL PA 17011-2400

FEC ID number of contributing federal political committee. **C C00104083**

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
12 28 2013

Transaction ID : SA11.100453

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SIERRA NEVADA CORPORATION PAC

Mailing Address PO BOX 50193

City State Zip Code
SPARKS NV 89435-0193

FEC ID number of contributing federal political committee. **C C00367995**

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
12 28 2013

Transaction ID : SA11.100451

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TRIUMPH GROUP INC. PAC

Mailing Address PO BOX 65597
MAIL STATION 220-07

City State Zip Code
DALLAS TX 75265-5907

FEC ID number of contributing federal political committee. **C C00361949**

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
12 31 2013

Transaction ID : SA11.100577

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

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

8500.00

**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 44 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 PENNSYLVANIA AVENUE NW
FLOOR 10

City WASHINGTON State DC Zip Code 20004-2566

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : SA11.100240

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UPS PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2013

Transaction ID : SA11.100446

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT

Mailing Address 1300 I STREET NW
FLOOR 4

City WASHINGTON State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11.100527

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5000.00

**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 45 OF 78
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
WAL PAC

Mailing Address **702 SW 8TH STREET**

City **BENTONVILLE** State **AR** Zip Code **72716-6209**

FEC ID number of contributing federal political committee. **C C00093054**

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
 12 / 28 / 2013

Transaction ID : SA11.100445

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALGREEN CO. PAC

Mailing Address **104 WILMOT ROAD
STOP 1447**

City **DEERFIELD** State **IL** Zip Code **60015-5121**

FEC ID number of contributing federal political committee. **C C00160770**

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
 12 / 28 / 2013

Transaction ID : SA11.100450

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WESTINGHOUSE ELECTRIC COMPANY PAC

Mailing Address **900 19TH STREET NW
SUITE 350**

City **WASHINGTON** State **DC** Zip Code **20006-2125**

FEC ID number of contributing federal political committee. **C C00346361**

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
 12 / 05 / 2013

Transaction ID : SA11.100236

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

41000.00

**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 46 OF 78	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. JONATHAN M. DAY		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 13081 TRIPLE CROWN LOOP		Amount of Each Disbursement this Period 336.95 Transaction ID : SB17.I7754
City GAINESVILLE State VA Zip Code 20155-6646	Purpose of Disbursement FOOD/BEVERAGE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 6230.21 Transaction ID : SB17.I4718
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name	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. COURTNEY CISSON		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 109 ARSENAL ACADEMY PLACE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.I7036 [MEMO ITEM]
City COLUMBIA State SC Zip Code 29201-2373	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name	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).....	6567.16
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 47 OF 78	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. MRS. ELIZABETH CONATSER			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013	
Mailing Address PO BOX 29576			Amount of Each Disbursement this Period 3000.00	
City WASHINGTON	State DC	Zip Code 20017-0776	Transaction ID : SB17.I6837	
Purpose of Disbursement PAYROLL		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. JONATHAN M. DAY			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013	
Mailing Address 13081 TRIPLE CROWN LOOP			Amount of Each Disbursement this Period 1000.00	
City GAINESVILLE	State VA	Zip Code 20155-6646	Transaction ID : SB17.I7031	
Purpose of Disbursement PAYROLL		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
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. MS. CAROLINE C DELLENEY			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013	
Mailing Address 114 9TH STREET SE			Amount of Each Disbursement this Period 230.21	
City WASHINGTON	State DC	Zip Code 20003-1377	Transaction ID : SB17.I6867	
Purpose of Disbursement PAYROLL		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
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).....	0.00
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 48 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 60.06
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL TAXES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I4719
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 8230.20
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name		Transaction ID : SB17.I4722
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. COURTNEY CISSON		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 109 ARSENAL ACADEMY PLACE		Amount of Each Disbursement this Period 3000.00
City COLUMBIA State SC Zip Code 29201-2373	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name		Transaction ID : SB17.I7038 [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).....	8290.26
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 49 OF 78	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. MRS. ELIZABETH CONATSER			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013	
Mailing Address PO BOX 29576			Amount of Each Disbursement this Period 3000.00	
City WASHINGTON	State DC	Zip Code 20017-0776	Transaction ID : SB17.I6838	
Purpose of Disbursement PAYROLL		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) B. JONATHAN M. DAY			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013	
Mailing Address 13081 TRIPLE CROWN LOOP			Amount of Each Disbursement this Period 2000.00	
City GAINESVILLE	State VA	Zip Code 20155-6646	Transaction ID : SB17.I7033	
Purpose of Disbursement PAYROLL		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
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. MS. CAROLINE C DELLENEY			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013	
Mailing Address 114 9TH STREET SE			Amount of Each Disbursement this Period 230.20	
City WASHINGTON	State DC	Zip Code 20003-1377	Transaction ID : SB17.I6871	
Purpose of Disbursement PAYROLL		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
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).....	0.00
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 50 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement
Mailing Address 8094 SANDPIPER CIRCLE		M M / D D / Y Y Y Y 11 / 01 / 2013
City	State	Zip Code
NOTTINGHAM	MD	21236-4907
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 60.07	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.I4723	

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement
Mailing Address 8094 SANDPIPER CIRCLE		M M / D D / Y Y Y Y 10 / 11 / 2013
City	State	Zip Code
NOTTINGHAM	MD	21236-4907
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 76.00	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.I4724	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement
Mailing Address 8094 SANDPIPER CIRCLE		M M / D D / Y Y Y Y 10 / 25 / 2013
City	State	Zip Code
NOTTINGHAM	MD	21236-4907
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 14.00	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Transaction ID : SB17.I4725	

SUBTOTAL of Disbursements This Page (optional).....	150.07
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 51 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 8290.27
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name		Transaction ID : SB17.I7719
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. COURTNEY CISSON		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 109 ARSENAL ACADEMY PLACE		Amount of Each Disbursement this Period 3000.00
City COLUMBIA State SC Zip Code 29201-2373	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name		Transaction ID : SB17.I7720 [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. MRS. ELIZABETH CONATSER		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO BOX 29576		Amount of Each Disbursement this Period 3000.00
City WASHINGTON State DC Zip Code 20017-0776	Purpose of Disbursement PAYROLL 001 Category/Type	
Candidate Name		Transaction ID : SB17.I7722 [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).....	8290.27
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 52 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. JONATHAN M. DAY			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 13081 TRIPLE CROWN LOOP			Amount of Each Disbursement this Period 2000.00
City GAINESVILLE	State VA	Zip Code 20155-6646	
Purpose of Disbursement PAYROLL	Candidate Name		Transaction ID : SB17.I7721 [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:	Category/Type 001		

Full Name (Last, First, Middle Initial) B. MS. CAROLINE C DELLENEY			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 114 9TH STREET SE			Amount of Each Disbursement this Period 230.21
City WASHINGTON	State DC	Zip Code 20003-1377	
Purpose of Disbursement PAYROLL	Candidate Name		Transaction ID : SB17.I7723 [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:	Category/Type 001		

Full Name (Last, First, Middle Initial) C. ADP			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 8094 SANDPIPER CIRCLE			Amount of Each Disbursement this Period 60.06
City NOTTINGHAM	State MD	Zip Code 21236-4907	
Purpose of Disbursement PAYROLL TAXES	Candidate Name		Transaction ID : SB17.I7724 [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:	Category/Type 001		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 53 OF 78	
	<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)
Joe Wilson for Congress

A. ADP

Full Name (Last, First, Middle Initial)
Mailing Address 8094 SANDPIPER CIRCLE

City NOTTINGHAM State MD Zip Code 21236-4907

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 15 / 2013

Amount of Each Disbursement this Period: 76.00

Transaction ID : SB17.I7745

Category/Type: 001

B. ADP

Full Name (Last, First, Middle Initial)
Mailing Address 8094 SANDPIPER CIRCLE

City NOTTINGHAM State MD Zip Code 21236-4907

Purpose of Disbursement PAYROLL FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 22 / 2013

Amount of Each Disbursement this Period: 14.00

Transaction ID : SB17.I7746

Category/Type: 001

C. ADP

Full Name (Last, First, Middle Initial)
Mailing Address 8094 SANDPIPER CIRCLE

City NOTTINGHAM State MD Zip Code 21236-4907

Purpose of Disbursement PAYROLL FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 13 / 2013

Amount of Each Disbursement this Period: 76.00

Transaction ID : SB17.I7762

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 166.00

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 54 OF 78		
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 14.00
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL FEE 001 Category/Type	
Candidate Name		Transaction ID : SB17.I7763
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address PO BOX 360001		Amount of Each Disbursement this Period 1504.56
City FORT LAUDERDALE State FL Zip Code 33336-0001	Purpose of Disbursement LODGING 002 Category/Type	
Candidate Name		Transaction ID : SB17.I30
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. ARISTOTLE INTERNATIONAL, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 205 PENNSYLVANIA AVENUE SE		Amount of Each Disbursement this Period 403.00
City WASHINGTON State DC Zip Code 20003-1164	Purpose of Disbursement COMPLIANCE SOFTWARE 001 Category/Type	
Candidate Name		Transaction ID : SB17.I7715
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).....	1921.56
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 55 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address PO BOX 15019		Amount of Each Disbursement this Period 823.47
City WILMINGTON	State DE	Zip Code 19886-5019
Purpose of Disbursement CREDIT CARD CHARGES	Category/Type 001	
Candidate Name		Transaction ID : SB17.I4056
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. LIGHTNING COPY & PRINTING CENTER		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 60 E 42ND STREET FLOOR 3		Amount of Each Disbursement this Period 261.30
City NEW YORK	State NY	Zip Code 10165-1200
Purpose of Disbursement CREDIT CARD CHARGES	Category/Type 001	
Candidate Name		Transaction ID : SB17.I6826
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:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. BRANCH BANKING & TRUST COMPANY		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 1909 K STREET NW		Amount of Each Disbursement this Period 12.00
City WASHINGTON	State DC	Zip Code 20006-1152
Purpose of Disbursement BANK SERVICE CHARGE	Category/Type 001	
Candidate Name		Transaction ID : SB17.I4514
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).....	835.47
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 56 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CAMPAIGNHQ		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address PO BOX 257		Amount of Each Disbursement this Period 3309.80 Transaction ID : SB17.I4567
City BROOKLYN	State IA	
Zip Code 52211-0257	Purpose of Disbursement TELEPHONE FUNDRAISING	Category/ Type 003
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. CAMPAIGNHQ		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address PO BOX 257		Amount of Each Disbursement this Period 582.40 Transaction ID : SB17.I4568
City BROOKLYN	State IA	
Zip Code 52211-0257	Purpose of Disbursement TELEPHONE FUNDRAISING	Category/ Type 003
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. CONCENTRIC OFFICE, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO BOX 2485		Amount of Each Disbursement this Period 7942.47 Transaction ID : SB17.I7716
City SPRINGFIELD	State VA	
Zip Code 22152-0485	Purpose of Disbursement COMPLIANCE SERVICES	Category/ Type 001
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	11834.67
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 57 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial)
A. MAIL MARKETING STRATEGIES

Mailing Address PO BOX 5497

City COLUMBIA State SC Zip Code 29250-5497

Purpose of Disbursement MAIL FUNDRAISING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2013

Amount of Each Disbursement this Period: 3972.11

Transaction ID : SB17.I3275

Category/Type: 003

Full Name (Last, First, Middle Initial)
B. MAIL MARKETING STRATEGIES

Mailing Address PO BOX 5497

City COLUMBIA State SC Zip Code 29250-5497

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 21 / 2013

Amount of Each Disbursement this Period: 144.12

Transaction ID : SB17.I3276

Category/Type: 001

Full Name (Last, First, Middle Initial)
C. PIRYX, INC.

Mailing Address 144 2ND STREET FLOOR 1

City SAN FRANCISCO State CA Zip Code 94105-3718

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2013

Amount of Each Disbursement this Period: 3.00

Transaction ID : SB17.I3844

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional)..... 4119.23

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 58 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 91.20 Transaction ID : SB17.I3847
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 2.80 Transaction ID : SB17.I3848
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 85.20 Transaction ID : SB17.I3849
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	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).....	91.20
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 59 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.I3850
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.I3851
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.I3852
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	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).....	14.00
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 60 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 0.40 Transaction ID : SB17.I3853
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 4.00 Transaction ID : SB17.I3854
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.I7734
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	12.40
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 61 OF 78	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 4.20
City SAN FRANCISCO	State CA Zip Code 94105-3718	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/Type 003	Transaction ID : SB17.I7735
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 0.40
City SAN FRANCISCO	State CA Zip Code 94105-3718	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/Type 003	Transaction ID : SB17.I7736
Candidate Name		
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 124.00
City SAN FRANCISCO	State CA Zip Code 94105-3718	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/Type 003	Transaction ID : SB17.I7737
Candidate Name		
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).....	128.60
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 62 OF 78	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 8.40
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name		Transaction ID : SB17.I7741
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 25.60
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name		Transaction ID : SB17.I7742
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 40.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name		Transaction ID : SB17.I7743
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	74.00
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 63 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.I7748
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 30.60 Transaction ID : SB17.I7749
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 18.80 Transaction ID : SB17.I7750
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	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).....	59.40
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 64 OF 78	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I7751
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 5.00 Transaction ID : SB17.I7753
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 4.80 Transaction ID : SB17.I7755
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	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).....	34.80
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 65 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 21.80
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.I7756
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 2.00
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.I7757
Candidate Name	Category/ Type 003	
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.I7758
Candidate Name	Category/ Type 003	
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).....	24.80
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 66 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 620.16 Transaction ID : SB17.I7761
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.I7776
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Category/Type 003	
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. PUSH DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address PO BOX 7431		Amount of Each Disbursement this Period 4348.34 Transaction ID : SB17.I4899
City COLUMBIA State SC Zip Code 29202-7431	Purpose of Disbursement ONLINE FUNDRAISING Candidate Name Category/Type 003	
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).....	4983.50
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 67 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. RALLY		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 24.52
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.I4885
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RALLY		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 4.50
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.I4886
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RALLY		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.12
City SAN FRANCISCO	State CA	
Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	Transaction ID : SB17.I4887
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30.14
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 68 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. RALLY		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 0.45
City SAN FRANCISCO	State CA Zip Code 94105-3718	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	003	Transaction ID : SB17.I4889
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RALLY		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.88
City SAN FRANCISCO	State CA Zip Code 94105-3718	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	003	Transaction ID : SB17.I4890
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. RALLY		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 0.45
City SAN FRANCISCO	State CA Zip Code 94105-3718	
Purpose of Disbursement CREDIT CARD MERCHANT FEE	003	Transaction ID : SB17.I4891
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2.78
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 69 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. RALLY		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.43 Transaction ID : SB17.I7738
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RALLY		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 0.45 Transaction ID : SB17.I7739
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	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. RALLY		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 0.45 Transaction ID : SB17.I7740
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
Candidate Name	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).....	2.33
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 70 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. RALLY		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 0.45 Transaction ID : SB17.I7759
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RALLY		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 0.45 Transaction ID : SB17.I7760
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	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. RICHARD QUINN AND ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 1300 12TH STREET SUITE C		Amount of Each Disbursement this Period 14000.00 Transaction ID : SB17.I1121
City CAYCE State SC Zip Code 29033-3204	Purpose of Disbursement FUNDRAISING CONSULTING FOR COMMITTEE 003 Category/Type	
Candidate Name	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).....	14000.90
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 71 OF 78	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. SUN PRINTING		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 345 DREHER ROAD		Amount of Each Disbursement this Period 612.04
City WEST COLUMBIA	State SC	Zip Code 29169-5116
Purpose of Disbursement PRINTING	Category/Type 004	
Candidate Name		Transaction ID : SB17.I3215
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TD CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address PO BOX 2580		Amount of Each Disbursement this Period 4629.71
City CHERRY HILL	State NJ	Zip Code 08034-0372
Purpose of Disbursement CREDIT CARD CHARGES	Category/Type 001	
Candidate Name		Transaction ID : SB17.I4759
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. ARISTOTLE INTERNATIONAL, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 205 PENNSYLVANIA AVENUE SE		Amount of Each Disbursement this Period 403.00
City WASHINGTON	State DC	Zip Code 20003-1164
Purpose of Disbursement CREDIT CARD CHARGES	Category/Type 001	
Candidate Name		Transaction ID : SB17.I5254
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).....	5241.75
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 72 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 08 / 07 / 2013
Mailing Address PO BOX 105262		Amount of Each Disbursement this Period 176.04
City ATLANTA	State GA	
Zip Code 30348-5262	Purpose of Disbursement CREDIT CARD CHARGES	Transaction ID : SB17.I5652
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. BEST BUY		Date of Disbursement MM / DD / YYYY 09 / 04 / 2013
Mailing Address 5135 SUNSET BOULEVARD		Amount of Each Disbursement this Period 1141.25
City LEXINGTON	State SC	
Zip Code 29072-6935	Purpose of Disbursement CREDIT CARD CHARGES	Transaction ID : SB17.I6820
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. BLUE MARLIN SIGNATURE CATERING		Date of Disbursement MM / DD / YYYY 08 / 28 / 2013
Mailing Address 991 1ST STREET SOUTH EXTENSION		Amount of Each Disbursement this Period 1229.25
City COLUMBIA	State SC	
Zip Code 29209-3556	Purpose of Disbursement CREDIT CARD CHARGES	Transaction ID : SB17.I6182
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 73 OF 78	
	<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)
Joe Wilson for Congress

A. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 1ST STREET SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement CREDIT CARD CHARGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 12 / 2013

Amount of Each Disbursement this Period: 930.33

Transaction ID : SB17.I5501

[MEMO ITEM]

B. NEWBERRY HALL

Full Name (Last, First, Middle Initial)
Mailing Address 117 NEWBERRY STREET SW

City AIKEN State SC Zip Code 29801-2400

Purpose of Disbursement CREDIT CARD CHARGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 08 / 2013

Amount of Each Disbursement this Period: 267.50

Transaction ID : SB17.I6617

[MEMO ITEM]

C. SPRINT

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 4191

City CAROL STREAM State IL Zip Code 60197-4191

Purpose of Disbursement CREDIT CARD CHARGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 30 / 2013

Amount of Each Disbursement this Period: 156.53

Transaction ID : SB17.I6794

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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 74 OF 78	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2013
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 2503.81
City DALLAS State TX Zip Code 75266-0108	Purpose of Disbursement CREDIT CARD CHARGES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I5367 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. TD CARD SERVICES		Date of Disbursement MM / DD / YYYY 10 / 31 / 2013
Mailing Address PO BOX 2580		Amount of Each Disbursement this Period 403.00
City CHERRY HILL State NJ Zip Code 08034-0372	Purpose of Disbursement CREDIT CARD CHARGES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I4760
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ARISTOTLE INTERNATIONAL, INC.		Date of Disbursement MM / DD / YYYY 10 / 01 / 2013
Mailing Address 205 PENNSYLVANIA AVENUE SE		Amount of Each Disbursement this Period 2503.81
City WASHINGTON State DC Zip Code 20003-1164	Purpose of Disbursement CREDIT CARD CHARGES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I5263 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2503.81
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 75 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2013
Mailing Address PO BOX 105262		Amount of Each Disbursement this Period 75.70
City ATLANTA State GA Zip Code 30348-5262	Purpose of Disbursement CREDIT CARD CHARGES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I5653 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period 203.00
City WASHINGTON State DC Zip Code 20003-1801	Purpose of Disbursement CREDIT CARD CHARGES 003 Category/Type	
Candidate Name		Transaction ID : SB17.I5494 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. PALMETTO PARTY RENTALS		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2013
Mailing Address 1104 ATLAS ROAD		Amount of Each Disbursement this Period 348.63
City COLUMBIA State SC Zip Code 29209-2532	Purpose of Disbursement CREDIT CARD CHARGES 007 Category/Type	
Candidate Name		Transaction ID : SB17.I6565 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 76 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. SOUTHERN BELLY BBQ		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2013
Mailing Address 1332 ROSEWOOD DRIVE		Amount of Each Disbursement this Period 400.00
City COLUMBIA State SC Zip Code 29201-4706	Purpose of Disbursement CREDIT CARD CHARGES 007 Category/Type	
Candidate Name		Transaction ID : SB17.I6834 [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) B. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2013
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 200.00
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement CREDIT CARD CHARGES 004 Category/Type	
Candidate Name		Transaction ID : SB17.I5773 [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. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2013
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 130.65
City DALLAS State TX Zip Code 75266-0108	Purpose of Disbursement CREDIT CARD CHARGES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I5330 [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).....	0.00
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 77 OF 78	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial)
A. TD CARD SERVICES

Mailing Address PO BOX 2580

City CHERRY HILL State NJ Zip Code 08034-0372

Purpose of Disbursement CREDIT CARD CHARGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 02 / 2013

Amount of Each Disbursement this Period: 746.48

Transaction ID : SB17.I7718

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 17 / 2013

Amount of Each Disbursement this Period: 309.37

Transaction ID : SB17.I7726

[MEMO ITEM]

Category/Type: 003

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

Mailing Address PO BOX 4191

City CAROL STREAM State IL Zip Code 60197-4191

Purpose of Disbursement CELL PHONE CHARGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2013

Amount of Each Disbursement this Period: 154.54

Transaction ID : SB17.I7725

[MEMO ITEM]

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 746.48

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 78 OF 78			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 129.28
City DALLAS State TX Zip Code 75266-0108	Purpose of Disbursement CELL PHONE CHARGES	Transaction ID : SB17.I7727 [MEMO ITEM]
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 1814.32
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I7744
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 500.00
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I7752
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2314.32
TOTAL This Period (last page this line number only).....	72439.90