

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 WALTER JONES COMMITTEE

ADDRESS (number and street) PO Box 3962 Greenville NC 27836 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00305052 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT NC 03

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2015 through M M / D D / Y Y Y Y 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Lynda J. Blount

Signature of Treasurer Mrs. Lynda J. Blount [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 30 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
WALTER JONES COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

| | 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)).... | 64661.78 | 265707.95 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 64661.78 | 265707.95 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 78809.51 | 246167.90 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 244.83 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 78809.51 | 245923.07 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 164796.18 | |
| 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

WALTER JONES COMMITTEE

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)..... | 45826.00 | 165011.00 |
| (ii) Unitemized..... | 9835.78 | 37196.95 |
| (iii) TOTAL of contributions from individuals ▶ | 55661.78 | 202207.95 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 9000.00 | 63500.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 64661.78 | 265707.95 |
| 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 | 244.83 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 64661.78 | 265952.78 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 78809.51 | 246167.90 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 500.00 | 1700.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 79309.51 | 247867.90 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 179443.91 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 64661.78 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 244105.69 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 79309.51 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 164796.18 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N
Transaction ID :

Schedule B includes all required memo entries for reimbursements. All additional reimbursements do not meet the \$200.00 per vendor aggregate threshold.

Form/Schedule:
Transaction ID:

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. John K. Agnostak

Mailing Address 174 Parson Road

City Grantsboro State NC Zip Code 28529-9668

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37144

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Edwin P. Bailey

Mailing Address 228 Munden Farm Road

City Newport State NC Zip Code 28570

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

Name of Employer Coral Bay Marina Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.37159

Amount of Each Receipt this Period
2700.00

Earmarked Through Democracy Engine Inc. PAC.

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

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C C00468314**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **42398.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.37159.0

Amount of Each Receipt this Period
2700.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

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

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

2800.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. E H. Batcheller Jr.

Mailing Address 1512 Clifton Road

City Jacksonville State NC Zip Code 28540

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

Name of Employer Self Occupation Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA11AI.37164

Amount of Each Receipt this Period
1000.00

Earmarked Through Democracy Engine Inc. PAC.

B. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
28828.14

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA11AI.37164.0

Amount of Each Receipt this Period
1000.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Dr. E H. Batcheller Jr.

Mailing Address 1512 Clifton Road

City Jacksonville State NC Zip Code 28540

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

Name of Employer Self Occupation Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37163

Amount of Each Receipt this Period
100.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 8 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Daniel M. Beall Sr.

Mailing Address 109 Quork Court

City State Zip Code
Kill Devil Hills NC 27948

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.37165

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Steven Douglas Benton

Mailing Address 508 Mill Road

City State Zip Code
Goldsboro NC 27534

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.37166

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mrs. Helen Beshens

Mailing Address 2005 Neptune Way

City State Zip Code
Kitty Hawk NC 27949

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.37169

Amount of Each Receipt this Period
125.00

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

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

1375.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Mrs. Helen Beshens
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 Neptune Way
 City Kitty Hawk State NC Zip Code 27949
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired Occupation Retired
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 24 / 2015
Transaction ID : SA11AI.37170
 Amount of Each Receipt this Period
 100.00

B. Mrs. Brenda Best
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 251
 City Davis State NC Zip Code 28524
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Employed Occupation Ferry Operator
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : SA11AI.37171
 Amount of Each Receipt this Period
 500.00

C. Mr. Bruce A. Biggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 1932 River Shore Road
 City Elizabeth City State NC Zip Code 27909
 FEC ID number of contributing federal political committee. C
 Name of Employer Biggs Pontiac, Inc. Occupation Auto Dealer
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2015
Transaction ID : SA11AI.37173
 Amount of Each Receipt this Period
 500.00

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

1100.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Bruce A. Biggs

Mailing Address 1932 River Shore Road

City Elizabeth City State NC Zip Code 27909

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

Name of Employer Biggs Pontiac, Inc. Occupation Auto Dealer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : SA11AI.37174

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. William S. Blakemore

Mailing Address 101 Mark Drive

City Edenton State NC Zip Code 27932

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37175

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Mr. Connally Branch

Mailing Address 236 Windsor Road

City Greenville State NC Zip Code 27858

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

Name of Employer Bill Clark Homes Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.37181

Amount of Each Receipt this Period
250.00

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 11 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Connally Branch

Mailing Address 236 Windsor Road

City Greenville State NC Zip Code 27858

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

Name of Employer Bill Clark Homes Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37182

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Mr. Wilmer A. Brantley

Mailing Address 767 W. Old Spring Hope Road

City Nashville State NC Zip Code 27856

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2015

Transaction ID : SA11AI.37184

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Mr. Douglas R. Brindley

Mailing Address 20 3rd Avenue

City Southern Shores State NC Zip Code 27949

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

Name of Employer Brindley Beach Vacations Occupation Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.37186

Amount of Each Receipt this Period
250.00
 Earmarked Through Democracy Engine Inc. PAC.

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

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

475.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address 850 QUINCY STREET, NW #402

City State Zip Code
WASHINGTON DC 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
39498.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.37186.0

Amount of Each Receipt this Period
250.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Ronnie J. Brown

Mailing Address 1703 E. Church Street

City State Zip Code
Cherryville NC 28021

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

Name of Employer Occupation
Self Employed Truck Driver

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37187

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Ms Dona Burrell

Mailing Address 842 Shinn Point Road

City State Zip Code
Wilmington NC 28409

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : SA11AI.37189

Amount of Each Receipt this Period
2700.00

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

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

2900.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. James D. Busse

Mailing Address 4065 Tangelo Avenue

| | | |
|---------------|-------------|-------------------|
| City Cocoa | State FL | Zip Code 32926 |
|---------------|-------------|-------------------|

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

| | |
|-----------------------------------|----------------------------------|
| Name of Employer Self Employed | Occupation Commerical Fishing |
|-----------------------------------|----------------------------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2015

Transaction ID : SA11AI.37191

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms Amy Childers

Mailing Address 2120 Brandywine Street

| | | |
|-------------------|-------------|-------------------|
| City Arlington | State VA | Zip Code 22207 |
|-------------------|-------------|-------------------|

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

| | |
|---|------------------------------|
| Name of Employer Science Applications Intl | Occupation Vice President |
|---|------------------------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.37205

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. J. Edwin Clement

Mailing Address 102 Martinsborough Road

| | | |
|--------------------|-------------|-------------------|
| City Greenville | State NC | Zip Code 27858 |
|--------------------|-------------|-------------------|

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

| | |
|-----------------------------|-----------------------|
| Name of Employer Retired | Occupation Retired |
|-----------------------------|-----------------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.37211

Amount of Each Receipt this Period
300.00

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

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

1050.00

**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 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Sam Pina Cortez

Mailing Address 7004 Currituck Road

City State Zip Code
Kitty Hawk NC 27949

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

Name of Employer Occupation
Self Employed Businessman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37227

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. R. Lee Cox

Mailing Address 1108 Parrott Avenue

City State Zip Code
Kinston NC 28501

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

Name of Employer Occupation
Self Employed Urologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.37229

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. R. Lee Cox

Mailing Address 1108 Parrott Avenue

City State Zip Code
Kinston NC 28501

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

Name of Employer Occupation
Self Employed Urologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37230

Amount of Each Receipt this Period
100.00

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

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

700.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Charles Creighton

Mailing Address 115 W. King Street

City Edenton State NC Zip Code 27932

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

Name of Employer Colony Tire Corp. Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 12 / 2015

Transaction ID : SA11AI.37231

Amount of Each Receipt this Period
 1000.00

Earmarked Through Democracy Engine Inc. PAC.

B. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 12 / 2015

Transaction ID : SA11AI.37231.0

Amount of Each Receipt this Period
 1000.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mrs. Leslie S. Daniels

Mailing Address 184 Old River Road

City Beaufort State NC Zip Code 28516

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

Name of Employer William Smith Seafood Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.37236

Amount of Each Receipt this Period
 200.00

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 16 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. R.E. Davenport Jr.

Mailing Address **PO Box 66**

City **Farmville** State **NC** Zip Code **27828-0066**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 09 / 2015

Transaction ID : SA11AI.37239

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. George Davis

Mailing Address **PO Box 277**

City **Swanquarter** State **NC** Zip Code **27885**

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

Name of Employer **Self Employed** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11AI.37241

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Latham W. Dennis

Mailing Address **5434 Marvin Taylor Road**

City **Ayden** State **NC** Zip Code **28513**

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

Name of Employer **Self Employed** Occupation **Restaurant Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.37246

Amount of Each Receipt this Period
25.00

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 17 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Richard H. Evans Jr.

Mailing Address 449 Forrest Park

City Greenville State NC Zip Code 27858

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2015

Transaction ID : SA11AI.37251

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mrs. Nancy S. Everett

Mailing Address 5057 Eastern Pines Road

City Greenville State NC Zip Code 27858

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.37253

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mr. Malcolm K. Fearing

Mailing Address PO Box 759

City Manteo State NC Zip Code 27954

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

Name of Employer Outer Banks Insurance Agency Occupation Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.37256

Amount of Each Receipt this Period
250.00

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

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

500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Jamie McLaughlin Fish

Mailing Address 126 Woodridge Drive

City State Zip Code
Morehead City NC 28552

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

Name of Employer Occupation
Cherry Point MCAS Business Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11AI.37257

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Charles S. Friedman

Mailing Address 3500 Virginia Beach Boulevard

City State Zip Code
Virginia Beach VA 23452

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

Name of Employer Occupation
Self Employed Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2015

Transaction ID : SA11AI.37264

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Art J. Furtney

Mailing Address 130 Tweed Drive

City State Zip Code
Jacksonville NC 28540

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

Name of Employer Occupation
Century 21 Champion Real Est Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.37268

Amount of Each Receipt this Period
100.00

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 19 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Randy G. Fussell

Mailing Address 3800 Cantata Drive

City Greenville State NC Zip Code 27858

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

Name of Employer Lee, Fussell, Humphreys PA Occupation Dentist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37269

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert S. Griffin

Mailing Address 412 Forrest Park Road

City Greenville State NC Zip Code 27858

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11AI.37280

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gilbert Gutknecht

Mailing Address 3936 Birmingham Lane NW

City Rochester State MN Zip Code 55901

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

Name of Employer Self Employed Occupation Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.37285

Amount of Each Receipt this Period
 500.00

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

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

1250.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Laura T. Gutman

Mailing Address 310 Watts Street

City State Zip Code
Durham NC 27701

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.37287

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mr. Hunter Hadley Jr.

Mailing Address 101 Wantland Street

City State Zip Code
Jacksonville NC 28540

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 09 / 2015

Transaction ID : SA11AI.37288

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mrs. Lillian D. Harrison

Mailing Address 1400 East Wright Road

City State Zip Code
Greenville NC 27858

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2015

Transaction ID : SA11AI.37294

Amount of Each Receipt this Period
100.00

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

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

550.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Ms. Jessie C. Heizer | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2015 | |
| Mailing Address 4085 E. Horne Avenue | | Transaction ID : SA11AI.37295 | |
| City Farmville | State NC | Zip Code 27828 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 235.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Mrs. Eula M. Howard | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2015 | |
| Mailing Address 5585 Gum Branch Road | | Transaction ID : SA11AI.37304 | |
| City Jacksonville | State NC | Zip Code 28540 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Requested | Occupation Requested | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Mrs. Julia Jenkins | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2015 | |
| Mailing Address 3885 River Road | | Transaction ID : SA11AI.37311 | |
| City Vanceboro | State NC | Zip Code 28586 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| Name of Employer Homemaker | Occupation Homemaker | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 400.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| 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 22 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Mark W. Johnson

Mailing Address 604 McCarthy Blvd.

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Self-Employed Oral Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2015

Transaction ID : SA11AI.37312

Amount of Each Receipt this Period
250.00

Earmarked Through Democracy Engine Inc. PAC.

B. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address 850 QUINCY STREET, NW #402

City State Zip Code
WASHINGTON DC 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
33213.49

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2015

Transaction ID : SA11AI.37312.0

Amount of Each Receipt this Period
250.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Dr. Mark W. Johnson

Mailing Address 604 McCarthy Blvd.

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Self-Employed Oral Surgeon

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : SA11AI.37313

Amount of Each Receipt this Period
250.00

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

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

500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Robert S. King

Mailing Address 5115 New Centre Drive

City State Zip Code
Wilmington NC 28403

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

Name of Employer Occupation
Self Employed Auto Dealer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : SA11AI.37326

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth Lloyd

Mailing Address 494 VOA Site C Road

City State Zip Code
Greenville NC 27834

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

Name of Employer Occupation
Self Employed Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : SA11AI.37338

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. David N. Long

Mailing Address 10500 World Trade Road

City State Zip Code
Raleigh NC 27617

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

Name of Employer Occupation
Self Employed Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.37341

Amount of Each Receipt this Period
250.00

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

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

1750.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Michael V. Marengo

Mailing Address 3593 Tyson Trail

City Farmville State NC Zip Code 27828

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015

Transaction ID : SA11AI.37345

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Rick E. Marks

Mailing Address 11988 Sentinel Point Court

City Reston State VA Zip Code 20191

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

Name of Employer Robertson, Monage, & Eastaugh Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.37346

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Col. Walter J. Marm Ret.

Mailing Address PO Box 2017

City Fremont State NC Zip Code 27830

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11AI.37347

Amount of Each Receipt this Period
100.00

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

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

700.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Joseph E. McCammond

Mailing Address 4119 Crepe Myrtle Street

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Morehead City | NC | 28557 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| Retired | Retired |

Receipt For: 2016
 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 / 2015

Transaction ID : SA11AI.37350

Amount of Each Receipt this Period
1000.00

Earmarked Through Democracy Engine Inc. PAC.

B. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address 850 QUINCY STREET, NW #402

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20011 |

FEC ID number of contributing federal political committee. **C** C00468314

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
43423.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.37350.0

Amount of Each Receipt this Period
1000.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Dr. R. William McConnell

Mailing Address 3022 Dartmouth Drive

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Greenville | NC | 27858 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| Retired | Retired |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : SA11AI.37352

Amount of Each Receipt this Period
200.00

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 26 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Don McGlohon Jr.

Mailing Address 1510 E. Arlington Boulevard

City State Zip Code
Greenville NC 27858

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

Name of Employer Occupation
McGlohon & Company Insurance Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.37354

Amount of Each Receipt this Period
250.00

Earmarked Through Democracy Engine Inc. PAC.

B. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address 850 QUINCY STREET, NW #402

City State Zip Code
WASHINGTON DC 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
32831.44

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.37354.0

Amount of Each Receipt this Period
250.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. William C. Monk

Mailing Address 4328 West Church Street

City State Zip Code
Farmville NC 27828

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11AI.37367

Amount of Each Receipt this Period
1700.00

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

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

1950.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Collice C. Moore

Mailing Address 202 Chippendale Drive

City Greenville State NC Zip Code 27858

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

Name of Employer Collice Moore & Associates Occupation Commercial Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA11AI.37369

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Donald E. Morel Jr.

Mailing Address 1703 Lookaway Court

City New Hope State PA Zip Code 18938

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

Name of Employer West Pharmaceutical Services Occupation Chairman and CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015

Transaction ID : SA11AI.37370

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. Howard D. Moye Jr.

Mailing Address PO Box 8305

City Greenville State NC Zip Code 27835

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

Name of Employer Appraisal, Inc. Occupation Real Estate Appraiser

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.37374

Amount of Each Receipt this Period
100.00
 Earmarked Through Democracy Engine Inc. PAC.

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

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

1600.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
39163.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11AI.37374.0

Amount of Each Receipt this Period
100.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. Jacob Allen Parrott Jr.

Mailing Address PO Box 3547

City Kinston State NC Zip Code 28502

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

Name of Employer Occupation
Jake A. Parrott Industries Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.37393

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. James S. Parsons Jr.

Mailing Address 2427 Fairway Drive

City Winston-Salem State NC Zip Code 27103

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

Name of Employer Occupation
Womble Carlyle Sandridge Rice Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
811.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37394

Amount of Each Receipt this Period
101.00

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

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

351.00

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

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

FOR LINE NUMBER: PAGE 29 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Richard M. Patch

Mailing Address 5500 Sherier Place NW

City Washington State DC Zip Code 20016

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

Name of Employer ASPCA Occupation VP, Federal Affairs

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11AI.37395

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Wayne Phillips

Mailing Address 222 Leon Drive

City Greenville State NC Zip Code 27858

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA11AI.37421

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr. B.B. 'Blacky' Pierce

Mailing Address PO Box 730

City Weldon State NC Zip Code 27890

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

Name of Employer Self Employed Occupation Trucking

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.37408

Amount of Each Receipt this Period
1000.00

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

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

1750.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. B.B. 'Blacky' Pierce

Mailing Address PO Box 730

City State Zip Code
Weldon NC 27890

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

Name of Employer Occupation
Self Employed Trucking

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015

Transaction ID : SA11AI.37410

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. David Powers

Mailing Address 130 Cooperfield Place Court

City State Zip Code
Winston Salem NC 27106

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

Name of Employer Occupation
Womble Carlyle Sandridge Rice Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11AI.37417

Amount of Each Receipt this Period
500.00

Earmarked Through Democracy Engine Inc PAC.

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

Mailing Address 850 QUINCY STREET, NW #402

City State Zip Code
WASHINGTON DC 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
25578.14

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : SA11AI.37417.0

Amount of Each Receipt this Period
500.00

Total Earmarked Through Conduit, PAC Limit Not Affected.
[MEMO ITEM]

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 31 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Steven P. Rader

Mailing Address PO Box 1901

City Washington State NC Zip Code 27889

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.37496

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Mr. Steven P. Rader

Mailing Address PO Box 1901

City Washington State NC Zip Code 27889

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.37497

Amount of Each Receipt this Period
100.00

Earmarked Through Democracy Engine Inc. PAC.

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

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
39668.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11AI.37497.0

Amount of Each Receipt this Period
100.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

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

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

225.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Walter Jerome Rapp Jr.

Mailing Address PO Box 1721

City Rutherfordton State NC Zip Code 28139

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

Name of Employer Requested Occupation Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015

Transaction ID : SA11AI.37431

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Siegfried J. Schaberg

Mailing Address 2405 Pineneedles Road

City Goldsboro State NC Zip Code 27534

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.37507

Amount of Each Receipt this Period
 250.00

Earmarked Through Democracy Engine Inc. PAC.

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

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C C00468314**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **39013.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.37507.0

Amount of Each Receipt this Period
 250.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

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

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

350.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Harry Schiffman

Mailing Address **PO Box 489**

City **Manteo** State **NC** Zip Code **27954**

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

Name of Employer **Self Employed** Occupation **Business Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.37509

Amount of Each Receipt this Period
500.00

Earmarked Through Democracy Engine PAC.

B. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address **850 QUINCY STREET, NW #402**

City **WASHINGTON** State **DC** Zip Code **20011**

FEC ID number of contributing federal political committee. **C C00468314**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **27603.14**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11AI.37509.0

Amount of Each Receipt this Period
500.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mrs. Kathy K. Sprau

Mailing Address **526 Crestline Boulevard**

City **Greenville** State **NC** Zip Code **27834**

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

Name of Employer **Self Employed** Occupation **Business Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.37518

Amount of Each Receipt this Period
300.00

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 34 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Col. David B. Stevens USAF (Ret)

Mailing Address 304 Francis Asbury Lane

City State Zip Code
Greenville NC 27858

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11AI.37522

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert A.C. Talley

Mailing Address 304 Lloyd's Lane

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
McMillan, Talley & Associates Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11AI.37529

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeff Thomas

Mailing Address 2808 Village Way

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
Self Employed Periodontist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : SA11AI.37533

Amount of Each Receipt this Period
500.00

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

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

1150.00

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

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

FOR LINE NUMBER: PAGE 35 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Maj. Raymond J. Trybek

Mailing Address 120 Hood Drive

City State Zip Code
Goldsboro NC 27530

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : SA11AI.37540

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mr. Frank B. Turberville Jr.

Mailing Address PO Box 246

City State Zip Code
Milton NC 27305

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37541

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary Turpanjian

Mailing Address 580 Silver Spur Road

City State Zip Code
Rancho Palos Verdes CA 90275

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

Name of Employer Occupation
New Spark Holdings, Inc. Controller

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11AI.37548

Amount of Each Receipt this Period
2700.00
Earmarked Through Democracy Engine Inc. PAC.

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

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

3050.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
32159.27

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SA11AI.37548.0

Amount of Each Receipt this Period
2700.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mrs. Nina Turpanjian

Mailing Address 580 Silver Spur Road

City Rancho Palos Verdes State CA Zip Code 90275

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.37544

Amount of Each Receipt this Period
5400.00

Earmarked Through Democracy Engine Inc. PAC.

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

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
38613.81

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11AI.37544.0

Amount of Each Receipt this Period
5400.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

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

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

5400.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mrs. Nina Turpanjian

Mailing Address 580 Silver Spur Road

City Rancho Palos Verdes State CA Zip Code 90275

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.37546

Amount of Each Receipt this Period
 -2700.00

Redesignate:
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mrs. Nina Turpanjian

Mailing Address 580 Silver Spur Road

City Rancho Palos Verdes State CA Zip Code 90275

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11AI.37547

Amount of Each Receipt this Period
 2700.00

Redesignate:
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Clark Twiddy

Mailing Address 217 Colington Ridge

City Kill Devil Hills State NC Zip Code 27948

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

Name of Employer Twiddy and Company Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.37549

Amount of Each Receipt this Period
 500.00

Earmarked Through Democracy Engine Inc. PAC.

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

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

500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE, INC., PAC

Mailing Address 850 QUINCY STREET, NW #402

City State Zip Code
WASHINGTON DC 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
27103.14

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 14 / 2015

Transaction ID : SA11AI.37549.0

Amount of Each Receipt this Period
500.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mr. G. Alfred Webster

Mailing Address 1026 Rockford Road

City State Zip Code
High Point NC 27262

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : SA11AI.37564

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard J. Weigel

Mailing Address 103 Speight Street

City State Zip Code
Havelock NC 28532

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

Name of Employer Occupation
B & R Guns Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.37565

Amount of Each Receipt this Period
500.00

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 39 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Steve Wells

Mailing Address 2301 Oleander Drive

City State Zip Code
Wilmington NC 28403

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

Name of Employer Occupation
Coldwell-Banker Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : SA11AI.37571

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert Lee West

Mailing Address 2603 Brookridge Circle

City State Zip Code
Greenville NC 27858

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1475.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.37572

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert E. Wilkins

Mailing Address 144 Hubs Rec Road

City State Zip Code
Belhaven NC 27810

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

Name of Employer Occupation
Self Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37578

Amount of Each Receipt this Period
100.00

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

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

500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Cassius Williams

Mailing Address PO Box 8246

City Greenville State NC Zip Code 27835

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

Name of Employer State Farm Insurance Occupation Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : SA11AI.37579

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Mr. T. Jerry Williams

Mailing Address 6900 Clear Sailing Lane

City Raleigh State NC Zip Code 27615-5200

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : SA11AI.37581

Amount of Each Receipt this Period
50.00

Earmarked Through Democracy Engine Inc. PAC.

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

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C C00468314**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **39248.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : SA11AI.37581.0

Amount of Each Receipt this Period
50.00

Total Earmarked Through Conduit. PAC Limit Not Affected.
[MEMO ITEM]

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 41 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mr. Walter L. Williams

Mailing Address 207 Crown Point Road

City Greenville State NC Zip Code 27858

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

Name of Employer Wilco Hess LLC Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.37580

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Ms. Lillian C. Woo

Mailing Address PO Box 516

City West Hyannisport State MA Zip Code 02672

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

Name of Employer Self Employed Occupation Writer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.37584

Amount of Each Receipt this Period
1500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1700.00

45826.00

**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 65 |
| | <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)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)

Mailing Address 4301 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015

Transaction ID : SA11C.37587

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 Massachusetts Avenue NW
8th Floor

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015

Transaction ID : SA11C.37588

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAN CHIROPRACTIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1701 CLARENDON BOULEVARD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11C.37589

Amount of Each Receipt this Period
 1000.00

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

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

4500.00

**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 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

A. Full Name (Last, First, Middle Initial)
NATIONAL APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 4300 Wilson Blvd
Suite 400

City State Zip Code
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00113241

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SA11C.37590

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE

Mailing Address 1922 F STREET, NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11C.37591

Amount of Each Receipt this Period
1000.00

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

Mailing Address 7201 WEST FRIENDLY AVENUE

City State Zip Code
GREENSBORO NC 27410

FEC ID number of contributing federal political committee. **C** C00502351

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 26 / 2015

Transaction ID : SA11C.37592

Amount of Each Receipt this Period
1000.00

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

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

4500.00

9000.00

**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 44 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. 100% Screen Printing | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015 |
| Mailing Address PO Box 473 | | Amount of Each Disbursement this Period 448.35 Transaction ID : SB17.37650 |
| City Beaufort | State NC | |
| Zip Code 28516 | Purpose of Disbursement Printing Services | 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. Acculink | | Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015 |
| Mailing Address 1055 Greenville Boulevard SW PO Box 30080 | | Amount of Each Disbursement this Period 7948.49 Transaction ID : SB17.37617 |
| City Greenville | State NC | |
| Zip Code 27834 | Purpose of Disbursement Printing Services | 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. Acculink | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 1055 Greenville Boulevard SW PO Box 30080 | | Amount of Each Disbursement this Period 583.50 Transaction ID : SB17.37698 |
| City Greenville | State NC | |
| Zip Code 27834 | Purpose of Disbursement Printing Services | 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)..... | 8980.34 |
| 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 45 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Acculink | | Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015 |
| Mailing Address 1055 Greenville Boulevard SW PO Box 30080 | | Amount of Each Disbursement this Period 597.51 Transaction ID : SB17.37699 |
| City Greenville | State NC Zip Code 27834 | |
| Purpose of Disbursement Postage | 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. BB&T | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address PO Box 580048 | | Amount of Each Disbursement this Period 727.60 Transaction ID : SB17.37607 |
| City Charlotte | State NC Zip Code 28258 | |
| Purpose of Disbursement Campaign Car | 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. BB&T | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address PO Box 580048 | | Amount of Each Disbursement this Period 727.60 Transaction ID : SB17.37671 |
| City Charlotte | State NC Zip Code 28258 | |
| Purpose of Disbursement Campaign Car | 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)..... | 2052.71 |
| 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 46 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. BB&T | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address PO Box 580048 | | Amount of Each Disbursement this Period 727.60 Transaction ID : SB17.37691 |
| City Charlotte | State NC | |
| Zip Code 28258 | Purpose of Disbursement Campaign Car | 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. Mrs. Lynda J. Blount | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015 |
| Mailing Address PO Box 3962 | | Amount of Each Disbursement this Period 256.46 Transaction ID : SB17.37662 |
| City Greenville | State NC | |
| Zip Code 27836 | Purpose of Disbursement Catering | 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. Parker's Barbeque Restaurant | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015 |
| Mailing Address 3109 South Memorial Drive | | Amount of Each Disbursement this Period 256.46 Transaction ID : SB17.37662.0 [MEMO ITEM] |
| City Greenville | State NC | |
| Zip Code 27834 | Purpose of Disbursement Catering | 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: | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 984.06 |
| 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 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Jonathan Brooks | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 | | |
| Mailing Address 126 N Longmeadow Road | | | Amount of Each Disbursement this Period 391.53 | | |
| City Greenville | State NC | Zip Code 27858 | Transaction ID : SB17.37602 | | |
| Purpose of Disbursement Mileage, Lodging, Food/Beverage | | 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: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Capitol Hill Suites | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 | | |
| Mailing Address 200 C Street, SE | | | Amount of Each Disbursement this Period 215.00 | | |
| City Washington | State DC | Zip Code 20003 | Transaction ID : SB17.37602.0 | | |
| Purpose of Disbursement Lodging | | 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: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Capitol Advisors, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 | | |
| Mailing Address PO Box 638 | | | Amount of Each Disbursement this Period 3020.00 | | |
| City Bethel | State NC | Zip Code 27812 | Transaction ID : SB17.37603 | | |
| Purpose of Disbursement Administrative, Accounting, Events Consulting | | 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3411.53 |
| 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 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Capitol Advisors, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address PO Box 638 | | Amount of Each Disbursement this Period 769.60 Transaction ID : SB17.37604 |
| City Bethel | State NC | |
| Zip Code 27812 | Purpose of Disbursement Mileage | 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. Capitol Advisors, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015 |
| Mailing Address PO Box 638 | | Amount of Each Disbursement this Period 959.03 Transaction ID : SB17.37668 |
| City Bethel | State NC | |
| Zip Code 27812 | Purpose of Disbursement Mileage, Event Supplies | 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: | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) c. Capitol Advisors, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015 |
| Mailing Address PO Box 638 | | Amount of Each Disbursement this Period 4001.50 Transaction ID : SB17.37669 |
| City Bethel | State NC | |
| Zip Code 27812 | Purpose of Disbursement Administrative, Accounting, Events Consulting | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5730.13 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Capitol Advisors, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address PO Box 638 | | Amount of Each Disbursement this Period 3615.25 Transaction ID : SB17.37692 |
| City Bethel | State NC | |
| Zip Code 27812 | Purpose of Disbursement Administrative, Accounting, Events Consulting | 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) B. Capitol Advisors, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address PO Box 638 | | Amount of Each Disbursement this Period 447.35 Transaction ID : SB17.37693 |
| City Bethel | State NC | |
| Zip Code 27812 | Purpose of Disbursement Mileage | 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) c. Capitol Hill Club | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015 |
| Mailing Address 300 1st Street SE | | Amount of Each Disbursement this Period 128.38 Transaction ID : SB17.37660 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Food/Beverage | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4190.98 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Capitol Hill Club | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015 | | |
| Mailing Address 300 1st Street SE | | | Amount of Each Disbursement this Period 428.21 | | |
| City Washington | State DC | Zip Code 20003 | Transaction ID : SB17.37683 | | |
| Purpose of Disbursement Food/Beverage | | 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: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Capitol Hill Suites | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015 | | |
| Mailing Address 200 C Street, SE | | | Amount of Each Disbursement this Period 990.82 | | |
| City Washington | State DC | Zip Code 20003 | Transaction ID : SB17.37666 | | |
| Purpose of Disbursement Lodging | | 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: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. CM&Co, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 | | |
| Mailing Address PO Box 97275 | | | Amount of Each Disbursement this Period 814.15 | | |
| City Raleigh | State NC | Zip Code 27624 | Transaction ID : SB17.37673 | | |
| Purpose of Disbursement Compliance Consulting | | 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2233.15 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Comfort Suites Hotel | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015 |
| Mailing Address 10601 Telegraph Road | | Amount of Each Disbursement this Period 210.52 Transaction ID : SB17.37645 |
| City Geln Allen | State VA Zip Code 23059 | |
| Purpose of Disbursement Lodging | 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: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. Cornerstone Solutions and Communications LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015 |
| Mailing Address 6917 Vista Parkway North Suite 1 | | Amount of Each Disbursement this Period 83.00 Transaction ID : SB17.37616 |
| City West Palm Beach | State FL Zip Code 33411 | |
| Purpose of Disbursement Web Hosting Services | 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) c. Cornerstone Solutions and Communications LLC | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 6917 Vista Parkway North Suite 1 | | Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.37672 |
| City West Palm Beach | State FL Zip Code 33411 | |
| Purpose of Disbursement Graphic Design | 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 443.52 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Cornerstone Solutions and Communications LLC | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 | |
| Mailing Address 6917 Vista Parkway North Suite 1 | | | Amount of Each Disbursement this Period 248.02 | |
| City West Palm Beach | State FL | Zip Code 33411 | Transaction ID : SB17.37697 | |
| Purpose of Disbursement Web Hosting | | 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: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) B. DEMOCRACY ENGINE, INC., PAC | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015 | |
| Mailing Address 850 QUINCY STREET, NW #402 | | | Amount of Each Disbursement this Period 699.28 | |
| City WASHINGTON | State DC | Zip Code 20011 | Transaction ID : SB17.37704 | |
| Purpose of Disbursement Merchant Fees | | 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: | | | | |

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|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Doug Henry Chevrolet | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address 210 West Marlboro | | | Amount of Each Disbursement this Period 352.51 | |
| City Farmville | State NC | Zip Code 27828 | Transaction ID : SB17.37600 | |
| Purpose of Disbursement Campaign Car Maintenance | | 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1299.81 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) A. Enterprise Rent A Car | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015 |
| Mailing Address 431 McDowell Street | | | Amount of Each Disbursement this Period 251.82 Transaction ID : SB17.37630 |
| City Raleigh | State NC | Zip Code 27601 | |
| Purpose of Disbursement Transportation | | 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: | | | |

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|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) B. Facebook, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015 |
| Mailing Address 1601 Willow Road | | | Amount of Each Disbursement this Period 105.88 Transaction ID : SB17.37665 |
| City Menlo Park | State CA | Zip Code 94025 | |
| Purpose of Disbursement Advertising | | 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: | | | |

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|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) c. Facebook, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 1601 Willow Road | | | Amount of Each Disbursement this Period 63.02 Transaction ID : SB17.37689 |
| City Menlo Park | State CA | Zip Code 94025 | |
| Purpose of Disbursement Advertising | | 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: | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 420.72 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Federal City Caterers | | Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2015 |
| Mailing Address 1119 12th Street NW | | Amount of Each Disbursement this Period 2483.17 |
| City Washington State DC Zip Code 20005 | Purpose of Disbursement Event Catering | |
| Candidate Name | Category/Type | Transaction ID : SB17.37678 |
| 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. FLB Properties | | Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015 |
| Mailing Address 1709 Evans Street | | Amount of Each Disbursement this Period 1425.00 |
| City Greenville State NC Zip Code 27858 | Purpose of Disbursement Campaign Office Rent | |
| Candidate Name | Category/Type | Transaction ID : SB17.37652 |
| 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. GigSalad | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 225 South Water Street Chandlers Wharf | | Amount of Each Disbursement this Period 224.00 |
| City Wilmington State NC Zip Code 28401 | Purpose of Disbursement Event Entertainment | |
| Candidate Name | Category/Type | Transaction ID : SB17.37596 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4132.17 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Harris Teeter | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015 | | |
| Mailing Address 2120 E Fire Tower Road | | | Amount of Each Disbursement this Period 74.64 | | |
| City Greenville | State NC | Zip Code 27858 | Transaction ID : SB17.37656 | | |
| Purpose of Disbursement Event Beverages | | 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: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Hilton Greenville | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015 | | |
| Mailing Address 207 SW Greenville Blvd | | | Amount of Each Disbursement this Period 2715.99 | | |
| City Greenville | State NC | Zip Code 27834 | Transaction ID : SB17.37649 | | |
| Purpose of Disbursement Catering Services | | 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: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Jefferson Group, Inc. DBA Jefferson's | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015 | | |
| Mailing Address PO Box 39 | | | Amount of Each Disbursement this Period 107.00 | | |
| City Greenville | State NC | Zip Code 27835 | Transaction ID : SB17.37618 | | |
| Purpose of Disbursement Event Supplies | | 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2897.63 |
| 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 65 | |
| | <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)
WALTER JONES COMMITTEE

| | | | | |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Jefferson Group, Inc. DBA Jefferson's | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015 | |
| Mailing Address PO Box 39 | | | Amount of Each Disbursement this Period 53.50 | |
| City Greenville | State NC | Zip Code 27835 | Transaction ID : SB17.37684 | |
| Purpose of Disbursement Event Supplies | | 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: | | | | |

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|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Macon Consulting | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 | |
| Mailing Address PO Box 3962 | | | Amount of Each Disbursement this Period 8500.00 | |
| City Greenville | State NC | Zip Code 27836 | Transaction ID : SB17.37601 | |
| Purpose of Disbursement Management Consulting | | 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: | | | | |

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|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Macon Consulting | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015 | |
| Mailing Address PO Box 3962 | | | Amount of Each Disbursement this Period 5086.82 | |
| City Greenville | State NC | Zip Code 27836 | Transaction ID : SB17.37639 | |
| Purpose of Disbursement Finance Consulting | | 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 13640.32 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Macon Consulting | | Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015 |
| Mailing Address PO Box 3962 | | Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.37640 |
| City Greenville | State NC | |
| Zip Code 27836 | Purpose of Disbursement Management Consulting | 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: | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) B. Macon Consulting | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015 |
| Mailing Address PO Box 3962 | | Amount of Each Disbursement this Period 9400.00 Transaction ID : SB17.37667 |
| City Greenville | State NC | |
| Zip Code 27836 | Purpose of Disbursement Management Consulting, Advertising | 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: | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) c. Macon Consulting | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address PO Box 3962 | | Amount of Each Disbursement this Period 8500.00 Transaction ID : SB17.37694 |
| City Greenville | State NC | |
| Zip Code 27836 | Purpose of Disbursement Management Consulting | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 19400.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Tom McLaughlin | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015 | | |
| Mailing Address 12601 Daran Drive | | | Amount of Each Disbursement this Period 400.00 | | |
| City Silver Springs | State MD | Zip Code 20904 | Transaction ID : SB17.37658 | | |
| Purpose of Disbursement Event Entertainment | | 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: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. NC State Board of Elections | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015 | | |
| Mailing Address 505 North Harrington Street | | | Amount of Each Disbursement this Period 1740.00 | | |
| City Raleigh | State NC | Zip Code 27603 | Transaction ID : SB17.37700 | | |
| Purpose of Disbursement Candidate Filing Fee | | 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: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Parker's Barbeque Restaurant | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015 | | |
| Mailing Address 3109 South Memorial Drive | | | Amount of Each Disbursement this Period 168.24 | | |
| City Greenville | State NC | Zip Code 27834 | Transaction ID : SB17.37686 | | |
| Purpose of Disbursement Catering Services | | 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 2308.24 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | | | | |
|--|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Chris Pittman | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2015 | | |
| Mailing Address 1023 Lake Moraine Place | | | Amount of Each Disbursement this Period 315.00 | | |
| City Raleigh | State NC | Zip Code 27607 | Transaction ID : SB17.37641 | | |
| Purpose of Disbursement Field Services | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | 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: | | | | |

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|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ramada Plaza Hotel | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015 | | |
| Mailing Address 1701 S. Virginia Dare Trail | | | Amount of Each Disbursement this Period 789.47 | | |
| City Kill Devil Hills | State NC | Zip Code 27948 | Transaction ID : SB17.37647 | | |
| Purpose of Disbursement Catering Services | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | 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: | | | | |

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|--|--|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. Ms Lindy Robinson | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015 | | |
| Mailing Address 208 Lucille Lewis Drive | | | Amount of Each Disbursement this Period 459.52 | | |
| City Marshallberg | State NC | Zip Code 28553 | Transaction ID : SB17.37609 | | |
| Purpose of Disbursement Mileage, Event Supplies | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1563.99 |
| 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 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Ms Lindy Robinson | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 208 Lucille Lewis Drive | | Amount of Each Disbursement this Period 293.13 Transaction ID : SB17.37674 |
| City Marshallberg State NC Zip Code 28553 | Purpose of Disbursement Mileage, Event Supplies | |
| 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. Ms Lindy Robinson | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 208 Lucille Lewis Drive | | Amount of Each Disbursement this Period 267.65 Transaction ID : SB17.37695 |
| City Marshallberg State NC Zip Code 28553 | Purpose of Disbursement Mileage, Postage | |
| 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. Ms Madison Shook | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 5530 Wade Park Boulevard | | Amount of Each Disbursement this Period 250.80 Transaction ID : SB17.37605 |
| City Raleigh State NC Zip Code 27605 | Purpose of Disbursement Mileage | |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 811.58 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ms Madison Shook | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 5530 Wade Park Boulevard | | Amount of Each Disbursement this Period 498.85 Transaction ID : SB17.37696 |
| City Raleigh | State NC Zip Code 27605 | |
| Purpose of Disbursement Mileage | 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: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. Sirius XM Radio | | Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2015 |
| Mailing Address PO Box 9001399 | | Amount of Each Disbursement this Period 221.36 Transaction ID : SB17.37681 |
| City Louisville | State KY Zip Code 40290-1399 | |
| Purpose of Disbursement Campaign Car: Satellite Radio | 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: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) c. Staples, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015 |
| Mailing Address 600 Greenville Boulevard SE | | Amount of Each Disbursement this Period 32.08 Transaction ID : SB17.37619 |
| City Greenville | State NC Zip Code 27858 | |
| Purpose of Disbursement Event and Office Supplies | 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: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 752.29 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address University Station 10th Street | | Amount of Each Disbursement this Period 895.77 |
| City Greenville | State NC | |
| Zip Code 27836 | Purpose of Disbursement Postage | 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: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015 |
| Mailing Address University Station 10th Street | | Amount of Each Disbursement this Period 59.99 |
| City Greenville | State NC | |
| Zip Code 27836 | Purpose of Disbursement Postage | 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: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address University Station 10th Street | | Amount of Each Disbursement this Period 245.00 |
| City Greenville | State NC | |
| Zip Code 27836 | Purpose of Disbursement Postage | 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1200.76 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015 |
| Mailing Address University Station 10th Street | | Amount of Each Disbursement this Period 833.00 |
| City Greenville | State NC Zip Code 27836 | |
| Purpose of Disbursement Postage | Candidate Name | Transaction ID : SB17.37701 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015 |
| Mailing Address University Station 10th Street | | Amount of Each Disbursement this Period 9.80 |
| City Greenville | State NC Zip Code 27836 | |
| Purpose of Disbursement Postage | Candidate Name | Transaction ID : SB17.37702 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015 |
| Mailing Address PO Box 105378 | | Amount of Each Disbursement this Period 145.16 |
| City Atlanta | State GA Zip Code 30348 | |
| Purpose of Disbursement Phone and Internet Services | Candidate Name | Transaction ID : SB17.37615 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 987.96 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 65 | | | |
| | <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)
WALTER JONES COMMITTEE

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015 |
| Mailing Address PO Box 105378 | | Amount of Each Disbursement this Period 124.33 Transaction ID : SB17.37657 |
| City Atlanta | State GA | |
| Zip Code 30348 | Purpose of Disbursement Phone and Internet Services | 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. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015 |
| Mailing Address PO Box 105378 | | Amount of Each Disbursement this Period 12.96 Transaction ID : SB17.37663 |
| City Atlanta | State GA | |
| Zip Code 30348 | Purpose of Disbursement Phone Equipment | 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: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015 |
| Mailing Address PO Box 105378 | | Amount of Each Disbursement this Period 195.97 Transaction ID : SB17.37685 |
| City Atlanta | State GA | |
| Zip Code 30348 | Purpose of Disbursement Phone and Internet Services | 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)..... | 333.26 |
| TOTAL This Period (last page this line number only)..... | 7775.18 |

**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 65 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
WALTER JONES COMMITTEE

| | | | |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) A. NORTH CAROLINA REPUBLICAN PARTY | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015 |
| Mailing Address PO Box 12905 | | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.37795 |
| City Raleigh | State NC | Zip Code 27605 | |
| Purpose of Disbursement Contribution | | 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. | | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | | Amount of Each Disbursement this Period |
| City | State | Zip Code | |
| Purpose of Disbursement | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | | Amount of Each Disbursement this Period |
| City | State | Zip Code | |
| Purpose of Disbursement | | 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)..... | 500.00 |
| TOTAL This Period (last page this line number only)..... | 500.00 |