

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAILCENTER

2022 DEC 21 PM 2:56

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Todd Foreman Congress 2012

ADDRESS (number and street)

5223 Gallant Fox Way #222

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY Charlotte

STATE NC

ZIP CODE 28277

C 00496794

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on 11/08/2011 in the State of NC

(d) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on 11/08/2011 in the State of NC

5. Covering Period

05/10/2011 through 12/01/2011

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 Todd M. Foreman

Signature of Treasurer

Todd M. Foreman

Date

12/19/2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Todd Foreman Congress 2012

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50.00"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="50.00"/>	<input type="text" value="50.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="100.00"/>	<input type="text" value="0.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="100.00"/>	<input type="text" value="100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

NONDISCRIMINATION NOTICE

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Todd Foreman Congress 2012

Report Covering the Period: From: **05 / 17 / 2011** To: **12 / 01 / 2011**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	50.00	50.00
(ii) Unitemized.....	50.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	100.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	100.00	100.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	50.00	50.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	50.00	50.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	50.00	50.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	50.00	50.00

NON-FEDERAL RECEIPTS

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50.00	50.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	15.00	15.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	18.00	18.00
(ii) "Levin" Share.....	17.00	17.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	100.00	100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83.00	83.00

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DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3).....	100.00	100.00
34. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33).....	100.00	100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....▶	50.00	50.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	50.00	50.00
38. Net Operating Expenditures (subtract Line 37 from Line 36).....▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE **6** OF **20**

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
			<input type="checkbox"/> 17

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)

Todd Foreman Congress 2012

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Todd Foreman

Mailing Address

5223 Gallant Fox Way #222

City

Charlotte

State

NC

Zip Code

FEC ID number of contributing
federal political committee.

C 00496794

Name of Employer (for Individual)

Foreman Advertising Company

Occupation (for Individual)

Sales/Marketing

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 21 / 2011

Amount of Each Receipt this Period

50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Amount of Each Receipt this Period

Memo Item

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

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

100.00

NON-FINANCIAL DISBURSEMENTS

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Todd Foreman Congress 2012

Full Name (Last, First, Middle Initial)

A. Todd Foreman

Mailing Address

5223 Gallant Fox Way #222

City

Charlotte

State

NC

Zip Code

28277

Purpose of Disbursement

Account Closing

004

Category/
Type

Candidate Name

Todd M. Foreman

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

12 / 15 / 2011

FEC Identification Number

C 00496794

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

15.00

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

15.00

NON FINANCIAL

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE **8** OF **20**

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Todd Foreman Congress 2012

LOAN SOURCE Full Name (Last, First, Middle Initial)

SunTrust Bank (Truist)

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

3315 Springbank Lane Suite 100

City

Charlotte

State

NC

ZIP Code

28226

Original Amount of Loan

100.00

Cumulative Payment To Date

100.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

05 / 18 / 2011

Date Due

06 / 17 / 2011

Interest Rate

0 % (apr)

Secured:

Yes No

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

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

Todd Montgomery Foreman

Name of Employer

Foreman Advertising Company

Mailing Address

5223 Gallant Fox Way #222

Occupation

Sales/Marketing

City

Charlotte

State

NC

ZIP Code

28277

Amount Guaranteed Outstanding:

0.00

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

100.00

TOTALS This Period (last page in this line only)..... ▶

100.00

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

20110518 10:00 AM

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 8 of Schedule C

NAME OF COMMITTEE (In Full) Todd Foreman Congress 2012	FEC IDENTIFICATION NUMBER C 00496794
--	--

LENDING INSTITUTION (LENDER) Full Name SunTrust Bank (Truist)	Amount of Loan 100.00	Interest Rate (APR) 0 %
Mailing Address 303 Peachtree St, NE	Date Incurred or Established 05 / 18 / 2011	Date Due 06 / 17 / 2011
City Atlanta	State GA	Zip Code 30308

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: **_____** Total Outstanding Balance: **_____**

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?
9,999.99

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?
9,999.99

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: **Aboretum Banking Center**

Date account established: **05 / 18 / 2011** Address: **3315 Springbank Lane Suite 100**

City, State, Zip: **Charlotte NC 28226**

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name **Todd M. Foreman** DATE **12 / 21 / 2022**
 Signature _____

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
 Typed Name **Mary I Phillips 39046** DATE **05 / 18 / 2011**
 Signature **Electronically Authorized by Mary I Phillips** Title **Arboretum, Business Banking**

20110518 10:00 AM

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Todd Foreman Congress 2012

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Todd Foreman, Treasurer			Nature of Debt (Purpose): Non-Profit business Todd Foreman, Officer
Mailing Address 5223 Gallant Fox Way #222			
City Charlotte	State NC	Zip Code 28277	

Outstanding Balance Beginning This Period 50.00	Amount Incurred This Period 50.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00
---	---	------------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	50.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	100.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	150.00

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**SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE **11** OF **20**

FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Todd Foreman Congress 2012			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee	
		Mailing Address	
		City	State ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item Todd M. Foreman		Purpose of Expenditure Financial Review	002 Category/Type
Mailing Address 5223 Gallant Fox Way #222		Date MM / DD / YYYY 12 / 01 / 2011	
City Charlotte	State NC	Zip Code 28277	
Name of Federal Candidate Supported Todd Foreman	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: NC District: 08 09	Amount 0.00
Aggregate General Election Expenditure for this Candidate ▶ 0.00			
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			
SUBTOTAL of Expenditures This Page (optional).....▶		0.00	
TOTAL This Period (last page this line number only).....▶		0.00	

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

Todd Foreman Congress 2012

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Todd Foreman Congress 2012

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

NON-FEDERAL INFORMATION

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
Bank Account Activities ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px;" type="text" value="40"/> %	NONFEDERAL % <input style="width: 100px;" type="text" value="60"/> %
Conferences, Local/Regional Offices ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px;" type="text" value="70"/> %	NONFEDERAL % <input style="width: 100px;" type="text" value="30"/> %
City/County Communications ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px;" type="text" value="20"/> %	NONFEDERAL % <input style="width: 100px;" type="text" value="80"/> %
Healthcare Activities ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px;" type="text" value="100"/> %	NONFEDERAL % <input style="width: 100px;" type="text" value="0"/> %
Healthcare Activities ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px;" type="text" value="0"/> %	NONFEDERAL % <input style="width: 100px;" type="text" value="100"/> %
Veterans Health Admin/Veterans Benefits Admin ACTIVITY IS: <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px;" type="text" value="50"/> %	NONFEDERAL % <input style="width: 100px;" type="text" value="50"/> %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Todd Foreman Congress 2012

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Todd Foreman Congress 2012	MM / DD / YYYY	0.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Fundraising		0.00
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Candidate Support		0.00
vi) Public Communications Referring Only to Party (Made by PAC)		

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	0.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	0.00

NON-FEDERAL ACCOUNT

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
Todd Foreman Congress 2012

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Todd M. Foreman			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5223 Gallant Fox Way #222			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>		
City Charlotte	State NC	Zip Code 28277	Date MM / DD / YYYY		
Purpose of Disbursement: Political Inquiries		Category/ Type <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin: 0 auto;">001</div>			
Activity or Event Identifier:					
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>	

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
City	State	Zip Code	Date MM / DD / YYYY		
Purpose of Disbursement:		Category/ Type <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>			
Activity or Event Identifier:					
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ </div>		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ </div>		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ </div>	

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
City	State	Zip Code	Date MM / DD / YYYY		
Purpose of Disbursement:		Category/ Type <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>			
Activity or Event Identifier:					
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page					
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>	

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))					
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>		<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;"> _____ 0.00 </div>	

NON-FEDERAL SHARE

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

Todd Foreman Congress 2012

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Todd Foreman Congress 2012	MM / DD / YYYY	0.00

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION
i) Voter Registration Total Amount Transferred for Voter Registration.....	0.00
	VOTER ID
ii) Voter ID Total Amount Transferred for Voter ID.....	0.00
	GOTV
iii) GOTV Total Amount Transferred for GOTV.....	0.00
	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	0.00

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Todd Foreman Congress 2012	MM / DD / YYYY	0.00

BREAKDOWN OF THIS TRANSFER

	VOTER REGISTRATION
i) Voter Registration Total Amount Transferred for Voter Registration.....	0.00
	VOTER ID
ii) Voter ID Total Amount Transferred for Voter ID.....	0.00
	GOTV
iii) GOTV Total Amount Transferred for GOTV.....	0.00
	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	0.00

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	0.00
TOTAL This Period (Voter ID).....	0.00
TOTAL This Period (GOTV).....	0.00
TOTAL This Period (Generic Campaign Activity).....	0.00
TOTAL This Period (Total Amount of Transfers Received).....	0.00

NONUNIFORM CONTINUOUS

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)**

NAME OF COMMITTEE (In Full)
Todd Foreman Congress 2012

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
Todd M. Foreman, Treasurer

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
5223 Gallant Fox Way, #222

Allocated Activity or Event Year-To-Date
50.00

City **Charlotte** State **NC** Zip Code **28277** **001**

Date **05 / 18 / 2011**

Purpose of Disbursement
Opening Account Category/Type

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
18.00 + 17.00 = 35.00

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Date

Purpose of Disbursement Category/Type

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Date

Purpose of Disbursement Category/Type

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
18.00 + 17.00 = 35.00

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))
FEDERAL SHARE TOTAL AMOUNT
18.00 35.00

TOTAL This Period for the Levin Share **17.00**

NON-FEDERAL DISBURSEMENTS

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
Todd Foreman Congress 2012

NAME OF ACCOUNT
SunTrust Bank (Truist), Todd Foreman Congress 2012

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	35.00	35.00
(b) Unitemized	15.00	15.00
(c) Total	50.00	50.00
2. OTHER RECEIPTS	50.00	50.00
3. TOTAL RECEIPTS	100.00	100.00
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	0.00	0.00
(b) Voter ID	0.00	0.00
(c) GOTV	0.00	0.00
(d) Generic Campaign	0.00	0.00
(e) Total	0.00	0.00
5. OTHER DISBURSEMENTS	0.00	0.00
6. TOTAL DISBURSEMENTS	0.00	0.00
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND	50.00	0.00
(for Column B, use cash as of January 1st)		
8. RECEIPTS	100.00	100.00
(from Line 3)		
9. SUBTOTAL	150.00	100.00
(Add Lines 7 and 8)		
10. DISBURSEMENTS	0.00	0.00
(From Line 6)		
11. ENDING CASH ON HAND	150.00	100.00
(Subtract Line 10 From Line 9)		

NON FINANCIAL

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page	PAGE 19 OF 20
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 1a <input type="checkbox"/> 2

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)
Todd Foreman Congress 2012

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item A. Todd M. Foreman			Date of Receipt MM / DD / YYYY 06 / 03 / 2011		
Mailing Address 5223 Gallant Fox Way #222			Amount of Each Receipt this Period _____ 35.00		
City Charlotte	State NC	Zip Code 28277	Aggregate Year-to-Date _____ 50.00		
Name of Employer (for Individual) Foreman Advertising Company					
Occupation (for Individual) Sales/Marketing					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item B.			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period _____		
City	State	Zip Code	Aggregate Year-to-Date _____		
Name of Employer (for Individual)					
Occupation (for Individual)					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item C.			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period _____		
City	State	Zip Code	Aggregate Year-to-Date _____		
Name of Employer (for Individual)					
Occupation (for Individual)					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item D.			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period _____		
City	State	Zip Code	Aggregate Year-to-Date _____		
Name of Employer (for Individual)					
Occupation (for Individual)					

SUBTOTAL of Receipts This Page (optional).....▶	_____
TOTAL This Period (last page this line number only).....▶	_____ 50.00

20110408 11:00 AM

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

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

FOR LINE NUMBER: PAGE **20** OF **20**

(check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)
Todd Foreman Congress 2012

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
Todd Montgomery Foreman

Date of Disbursement
 MM / DD / YYYY
07 / 06 / 2011

Mailing Address
5223 Gallant Fox Way #222

City State Zip Code
Charlotte NC 28277

Purpose of Disbursement
Off/On Setting for FinRaD Ata Formulations

Amount of Each Disbursement this Period
 _____ **0.00**

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Disbursement
 MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Disbursement
 MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Disbursement
 MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Date of Disbursement
 MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶ _____

TOTAL This Period (last page this line number only).....▶ _____ **0.00**

NONDISCLOSURE INFORMATION

UNBOUND WOUNDING INNON

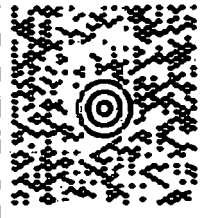
TODD M. FOREMAN
(910) 931-0084
THE UPS STORE #85904
4891 LONG BEACH RD SE
SOUTHPORT NC 28461

SHIP FEDERAL ELECTION COMMISSION
TO: 1050 1ST ST NE

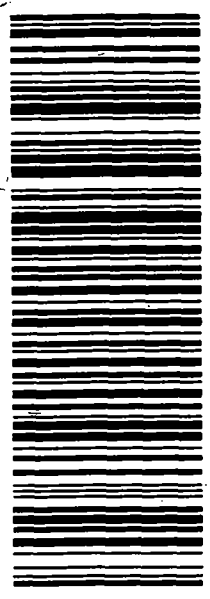
1 LBS 1 OF 1
SHP WT: 1 LBS
DATE: 19 DEC 2022

WASHINGTON DC 20002-4694

MD 201 9-58



UPS NEXT DAY AIR SAVER 1P
TRACKING #: 1Z A48 990 13 7177 6191

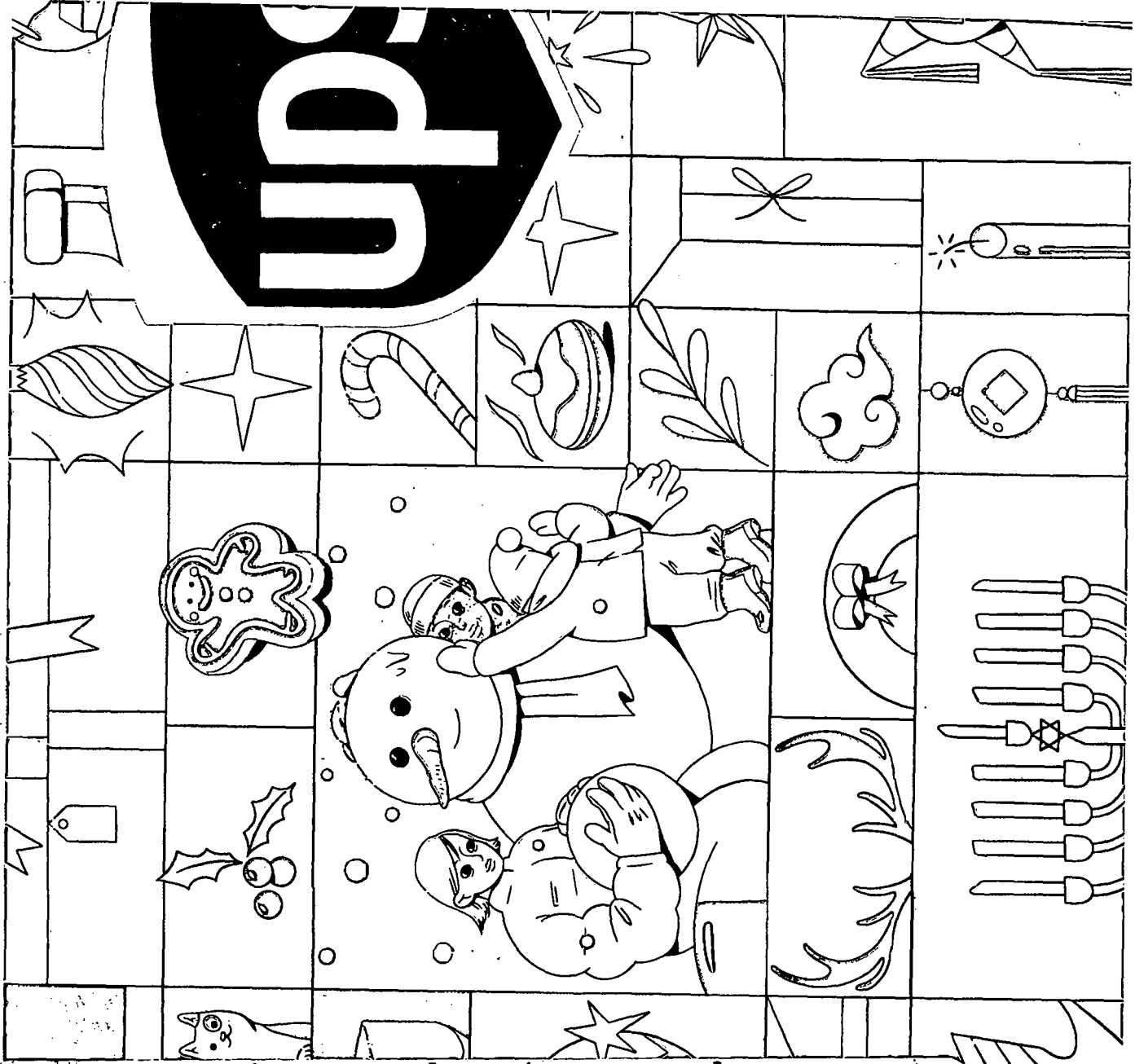
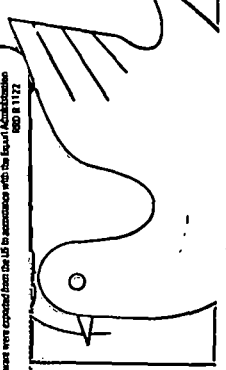


BILLING: P/P

Handwritten signature

1011 13.00F 23P 45R 47.5U 11/2022

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
UPS	12/19/22
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>MP</i>	12/22/22
(3/2015)	DATE PREPARED

NON-FINANCIAL CONTRIBUTION