

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

BOTHWELL FOR CONGRESS

ADDRESS (number and street) ▼

POB 1877

Check if different than previously reported. (ACC)

ASHEVILLE

NC

28802

2. **FEC IDENTIFICATION NUMBER** ▼

C C00496190

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

NC

11

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

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

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 CECIL BOTHWELL

Signature of Treasurer CECIL BOTHWELL

[Electronically Filed]

Date

/ /

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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
BOTHWELL FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	11719.96	45918.92
(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)).....	11719.96	45918.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16627.46	60160.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16627.46	60160.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-3888.41	
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).....	6000.00	

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

BOTHWELL FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5950.00	11693.53
(ii) Unitemized.....	5769.96	33325.39
(iii) TOTAL of contributions from individuals ▶	11719.96	45018.92
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	900.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11719.96	45918.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2000.00	2000.00
(b) All Other Loans.....	0.00	4000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2000.00	6000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	483.00	483.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	14202.96	52401.92

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16627.46	60160.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	16627.46	60160.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-1463.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14202.96
25. SUBTOTAL (add Line 23 and Line 24).....	12739.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16627.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-3888.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 20
	<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)
BOTHWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ken Ashe

Mailing Address 904 Morgan Branch Rd

City Marshall State NC Zip Code 28753

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

Name of Employer retired Occupation none

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : SA11AI.4468

Amount of Each Receipt this Period
 500.00
 check

B. Full Name (Last, First, Middle Initial)
CECIL BOTHWELL

Mailing Address 54 FULTON ST

City ASHEVILLE State NC Zip Code 28801

FEC ID number of contributing federal political committee. **C H2NC11064**

Name of Employer self Occupation publisher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4250

Amount of Each Receipt this Period
 200.00
 check

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

Mailing Address POB 8096

City Asheville State NC Zip Code 28814

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

Name of Employer retired Occupation none

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2012

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period
 2500.00
 check

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

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

3200.00

**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 6 OF 20
	<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)
BOTHWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Peter Nuhn

Mailing Address 4003 Virginia St.

City State Zip Code
Fairfax VA 22032

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

Name of Employer Occupation
NWSEO labor organizer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : SA11AI.4415

Amount of Each Receipt this Period
250.00
actblue

B. Full Name (Last, First, Middle Initial)
Colin Rust

Mailing Address 240 East 10th St. Apt. 15

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
SAC Capital portfolio mgr.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : SA11AI.4418

Amount of Each Receipt this Period
2000.00
actblue

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

Mailing Address 16334 Luna St.

City State Zip Code
Anchorage AK 99516

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

Name of Employer Occupation
ANTHC Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : SA11AI.4477

Amount of Each Receipt this Period
250.00
actblue

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<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)
BOTHWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Wetherby

Mailing Address 16334 Luna St.

City Anchorage State AK Zip Code 99516

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

Name of Employer ANTHC Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : SA11Al.4235

Amount of Each Receipt this Period
 250.00
 actblue

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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).....

250.00

5950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 8 OF 20	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BOTHWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CECIL BOTHWELL

Mailing Address **54 FULTON ST**

City **ASHEVILLE** State **NC** Zip Code **28801**

FEC ID number of contributing federal political committee. **C H2NC11064**

Name of Employer self Occupation **publisher**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
05		04		2012

Transaction ID : SA13A.4573

Amount of Each Receipt this Period

2000.00

loan to the campaign

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
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Amount of Each Receipt this Period

--

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 M	/	D D D	/	Y Y Y Y Y Y Y
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Amount of Each Receipt this Period

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

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

2000.00
2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BOTHWELL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
The Bywater

Mailing Address Riverside Dr.

City Asheville State NC Zip Code 28801

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
259.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2012

Transaction ID : SA15.4571

Amount of Each Receipt this Period
 259.00
 cash donations at picnic event

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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).....

259.00

259.00

**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 10 OF 20			
	<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)
BOTHWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alison Outdoor		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2012
Mailing Address POB 120		Amount of Each Disbursement this Period 1360.00 Transaction ID : SB17.4136
City Sylva State NC Zip Code 28779	Purpose of Disbursement billboard rent 004 Category/Type	
Candidate Name BOTHWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Alison Outdoor		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2012
Mailing Address POB 120		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4187
City Sylva State NC Zip Code 28779	Purpose of Disbursement billboard 004 Category/Type	
Candidate Name BOTHWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Asheville Radio Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 1190 Patton Ave.		Amount of Each Disbursement this Period 1105.00 Transaction ID : SB17.4153
City Asheville State NC Zip Code 28806	Purpose of Disbursement radio ads 004 Category/Type	
Candidate Name BOTHWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2765.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 20	
	<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)
BOTHWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Asheville Radio Group		Date of Disbursement MM / DD / YYYY 05 / 04 / 2012
Mailing Address 1190 Patton Ave.		Amount of Each Disbursement this Period 585.00 Transaction ID : SB17.4175
City Asheville State NC Zip Code 28806	Purpose of Disbursement radio ads Category/Type 004	
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) B. CECIL BOTHWELL		Date of Disbursement MM / DD / YYYY 05 / 11 / 2012
Mailing Address 54 FULTON ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4186
City ASHEVILLE State NC Zip Code 28801	Purpose of Disbursement repay loan Category/Type 009	
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) c. Linda Brown		Date of Disbursement MM / DD / YYYY 05 / 11 / 2012
Mailing Address 35 Grove St. #207		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.4183
City Asheville State NC Zip Code 28801	Purpose of Disbursement campaign manager Category/Type 001	
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

SUBTOTAL of Disbursements This Page (optional).....	3685.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 20	
	<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)
BOTHWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Clear Channel Asheville		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address POB 406064		Amount of Each Disbursement this Period 2080.00 Transaction ID : SB17.4145
City Atlanta	State GA	
Zip Code 30384	Purpose of Disbursement radio advertising	Category/ Type 004
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

Full Name (Last, First, Middle Initial) B. Club Flyers		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 2300 NW 7th Ave		Amount of Each Disbursement this Period 511.21 Transaction ID : SB17.4126
City Miami	State FL	
Zip Code 33127	Purpose of Disbursement printing	Category/ Type 004
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

Full Name (Last, First, Middle Initial) c. Democratic Party of Buncombe County		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2012
Mailing Address POB 1544		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4177
City Asheville	State NC	
Zip Code 28802	Purpose of Disbursement donation	Category/ Type 011
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

SUBTOTAL of Disbursements This Page (optional).....	2941.21
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 13 OF 20			
	<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)
BOTHWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Eastvale Shopping Center		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 269 Tunnel Rd.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4169
City Asheville	State NC Zip Code 28803	
Purpose of Disbursement rent	Category/Type 001	
Candidate Name BOTHWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) B. Foothills Radio Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address POB 1678		Amount of Each Disbursement this Period 560.00 Transaction ID : SB17.4149
City Lenoir	State NC Zip Code 28645	
Purpose of Disbursement radio ads	Category/Type 004	
Candidate Name BOTHWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) c. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 795 Fairview Rd		Amount of Each Disbursement this Period 274.58 Transaction ID : SB17.4132
City Asheville	State NC Zip Code 28803	
Purpose of Disbursement sign materials	Category/Type 006	
Candidate Name BOTHWELL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

SUBTOTAL of Disbursements This Page (optional).....	1084.58
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 14 OF 20	
	<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)
BOTHWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Industrious Productions		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 775 Haywood Rd. Ste. F		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4161
City Asheville State NC Zip Code 28806	Purpose of Disbursement film TV ad 004 Category/Type	
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) B. Stoney Knob Restaurant		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 337 Merrimon Ave		Amount of Each Disbursement this Period 337.66 Transaction ID : SB17.4181
City Weaverville State NC Zip Code 28787	Purpose of Disbursement defeat party 007 Category/Type	
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) c. Raven Tata		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 501 Trotting Horse La.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4172
City Green Mountain State NC Zip Code 28740	Purpose of Disbursement campaign management 001 Category/Type	
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

SUBTOTAL of Disbursements This Page (optional).....	1087.66
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 15 OF 20			
	<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)
BOTHWELL FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>28</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		28		2012
M M	/	D D	/	Y Y Y Y								
04		28		2012								
Mailing Address Coxe Ave.		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Asheville</td> <td>NC</td> <td>28802</td> </tr> </table>		City	State	Zip Code	Asheville	NC	28802	<table border="1"> <tr> <td>18.95</td> </tr> </table>	18.95			
City	State	Zip Code										
Asheville	NC	28802										
18.95												
Purpose of Disbursement postage		Transaction ID : SB17.4155										
Candidate Name		Category/Type										
BOTHWELL FOR CONGRESS		001										
Office Sought:	Disbursement For:											
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: NC	District: 11											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		24		2012
M M	/	D D	/	Y Y Y Y								
05		24		2012								
Mailing Address Coxe Ave.		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Asheville</td> <td>NC</td> <td>28802</td> </tr> </table>		City	State	Zip Code	Asheville	NC	28802	<table border="1"> <tr> <td>6.05</td> </tr> </table>	6.05			
City	State	Zip Code										
Asheville	NC	28802										
6.05												
Purpose of Disbursement postage		Transaction ID : SB17.4113										
Candidate Name		Category/Type										
BOTHWELL FOR CONGRESS		001										
Office Sought:	Disbursement For:											
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: NC	District: 11											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		24		2012
M M	/	D D	/	Y Y Y Y								
05		24		2012								
Mailing Address Coxe Ave.		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Asheville</td> <td>NC</td> <td>28802</td> </tr> </table>		City	State	Zip Code	Asheville	NC	28802	<table border="1"> <tr> <td>6.05</td> </tr> </table>	6.05			
City	State	Zip Code										
Asheville	NC	28802										
6.05												
Purpose of Disbursement postage		Transaction ID : SB17.4188										
Candidate Name		Category/Type										
BOTHWELL FOR CONGRESS		001										
Office Sought:	Disbursement For:											
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: NC	District: 11											

SUBTOTAL of Disbursements This Page (optional).....	31.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20			
	<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)
BOTHWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WHLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address POB 1889		Amount of Each Disbursement this Period 204.00 Transaction ID : SB17.4163
City Highlands	State NC	
Zip Code 28741	Purpose of Disbursement radio ads	Category/ Type 004
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

Full Name (Last, First, Middle Initial) B. WLOS-TV		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 110 technology Dr.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4167
City Asheville	State NC	
Zip Code 28803	Purpose of Disbursement tv ads	Category/ Type 004
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

Full Name (Last, First, Middle Initial) C. WLOS-TV		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 110 technology Dr.		Amount of Each Disbursement this Period 2051.50 Transaction ID : SB17.4176
City Asheville	State NC	
Zip Code 28803	Purpose of Disbursement TV ads	Category/ Type 004
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

SUBTOTAL of Disbursements This Page (optional).....	3255.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 20	
	<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)
BOTHWELL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WTZQ		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 418 Duncan Rd.		Amount of Each Disbursement this Period 486.20 Transaction ID : SB17.4151
City Flat Rock	State NC	
Purpose of Disbursement radio ads	Category/ Type 004	
Candidate Name BOTHWELL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NC	District: 11	

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	
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	
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).....	486.20
TOTAL This Period (last page this line number only).....	15336.20

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BOTHWELL FOR CONGRESS** Transaction ID : **SC/10.4573**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
CECIL BOTHWELL Primary
 Mailing Address 54 FULTON ST General
 Other (specify) ▼

City State ZIP Code
 ASHEVILLE NC 28801

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
 05 / 04 / 2012 / / / 2013

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00
TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BOTHWELL FOR CONGRESS** Transaction ID : **SC/10.10129**

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

Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
24 Highbridge Crossing

City State ZIP Code
Asheville NC 28803

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 03 / D 08 / Y 2012
 Date Due: M / D / Y 2013
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 2000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **BOTHWELL FOR CONGRESS** Transaction ID : **SC/10.10130**

LOAN SOURCE Full Name (Last, First, Middle Initial) Joseph Haun	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 24 Highbridge Crossing	

City	State	ZIP Code
Asheville	NC	28803

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 08 / Y 2012	M / D / Y 2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	2000.00
TOTALS This Period (last page in this line only).....	6000.00

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