

**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

DAVID ROUZER FOR CONGRESS

ADDRESS (number and street)  
▼

PO BOX 2267

Check if different  
than previously  
reported. (ACC)

SMITHFIELD

NC

27577

2. FEC IDENTIFICATION NUMBER ▼

C

C00501643

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NC

07

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

through

M M /

D D /

Y Y Y Y

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 HEATHER FORD

Signature of Treasurer

HEATHER FORD

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 13

Write or Type Committee Name

**DAVID ROUZER FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

	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))....	2325.00	11825.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5532.24
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	2325.00	6292.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	47328.18	60651.14
(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)) .....	47328.18	60651.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	64728.33	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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)

PAGE 3 / 13

Write or Type Committee Name

**DAVID ROUZER FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

**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).....

2300.00

5300.00

(ii) Unitemized.....

25.00

25.00

(iii) TOTAL of contributions from individuals ▶

2325.00

5325.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

6500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2325.00

11825.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**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)..... ▶

2325.00

11825.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47328.18	60651.14
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	5532.24
(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	5532.24
21. OTHER DISBURSEMENTS .....	0.00	1029.69
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	47328.18	67213.07

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	109731.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2325.00
25. SUBTOTAL (add Line 23 and Line 24).....	112056.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47328.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	64728.33

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

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

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

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NAME OF COMMITTEE (In Full)  
**DAVID ROUZER FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>R GORDON GRUBB</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2014	
Mailing Address 1021 COWPER DRIVE			<b>Transaction ID : SA11AI.6062</b>	
City	State	Zip Code		
RALEIGH	NC	27608		
FEC ID number of contributing federal political committee.		C		
Name of Employer GRUBB VENTURES		Occupation REAL ESTATE DEVELOPER/OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
			Amount of Each Receipt this Period 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>WILBUR D JONES JR.</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2014	
Mailing Address 3002 JOY PLACE			<b>Transaction ID : SA11AI.6063</b>	
City	State	Zip Code		
WILMINGTON	NC	28409		
FEC ID number of contributing federal political committee.		C		
Name of Employer SELF EMPLOYED		Occupation AUTHOR/MILITARY HISTORIAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
			Amount of Each Receipt this Period 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MORT S. NEBLETT</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2014	
Mailing Address 6023 JOSHUA'S LANDING LANE			<b>Transaction ID : SA11AI.6064</b>	
City	State	Zip Code		
WILMINGTON	NC	28409		
FEC ID number of contributing federal political committee.		C		
Name of Employer OWENCROFT FINANCIAL PARTNERS, LLC		Occupation MANAGING MEMBER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
			Amount of Each Receipt this Period 300.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1300.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**DAVID ROUZER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CHARLES M. WINSTON**

Mailing Address 3739 NATIONAL DRIVE  
SUITE 140

City State Zip Code  
RALEIGH NC 27612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WINSTON MANAGEMENT GROUP

Occupation  
OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 15 2014

Transaction ID : SA11Al.6065

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

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

Amount of Each Receipt this Period

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

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

1000.00

2300.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

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

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NAME OF COMMITTEE (In Full)

**DAVID ROUZER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. C WILLIAM BARKER**

Mailing Address 309 BRADLEY DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2014

City	State	Zip Code
WILMINGTON	NC	28409

Amount of Each Disbursement this Period

1155.60
---------

Purpose of Disbursement  
REIMB: FOOD/BEVERAGE

007

**Transaction ID : SB17.6061**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. CONGRESSIONAL INSTITUTE, INC**Mailing Address 1700 DIAGONAL ROAD  
#730

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2014

City	State	Zip Code
ALEXANDRIA	VA	22314

Amount of Each Disbursement this Period

738.00
--------

Purpose of Disbursement  
EVENT FEE

001

**Transaction ID : SB17.6053**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. ELECTEKUSA**

Mailing Address PO BOX 23715

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2014

City	State	Zip Code
CHAGRIN FALLS	OH	44023

Amount of Each Disbursement this Period

800.00
--------

Purpose of Disbursement  
SOFTWARE

001

**Transaction ID : SB17.6047**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

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

2693.60

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

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

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NAME OF COMMITTEE (In Full)

**DAVID ROUZER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. TYLER J FOOTE**Mailing Address 4668 STILL MEADOW DRIVE  
APARTMENT #112

City WILMINGTON State NC Zip Code 28412

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2014

Amount of Each Disbursement this Period

3760.50
---------

Transaction ID : SB17.6035

**B. HILTON**

Mailing Address 7930 JONES BRANCH DRIVE

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
HOTEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2014

Amount of Each Disbursement this Period

350.38
--------

Transaction ID : SB17.6080

**C. CHAUNCEY E LAMBETH**Mailing Address 824 ST. ANDREW DRIVE  
APARTMENT Q

City WILMINGTON State NC Zip Code 28412

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2014

Amount of Each Disbursement this Period

2705.25
---------

Transaction ID : SB17.6033

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

6816.13



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

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

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NAME OF COMMITTEE (In Full)

**DAVID ROUZER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CHAUNCEY E LAMBETH**Mailing Address 824 ST. ANDREW DRIVE  
APARTMENT Q

City WILMINGTON State NC Zip Code 28412

Purpose of Disbursement  
REIMBURSEMENT: MILEAGE/FOOD

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2014

Amount of Each Disbursement this Period

566.86
--------

Transaction ID : SB17.6068

**B. LN CONSULTING**

Mailing Address 121 STATE STREET

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement  
PHONE BANKS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		28		2014

Amount of Each Disbursement this Period

2789.80
---------

Transaction ID : SB17.6032

**C. MAJORITY CONNECTIONS, LLC**

Mailing Address 10 PINNACLE ROAD

City DURHAM State NC Zip Code 27705

Purpose of Disbursement  
MEDIA CONSULTING/REIMBURSEMENT: ADVERTISING-INTERNET

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2014

Amount of Each Disbursement this Period

3640.97
---------

Transaction ID : SB17.6046

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

6997.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

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

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NAME OF COMMITTEE (In Full)

**DAVID ROUZER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. METRO MAILING AND PRINTING**

Mailing Address 109 WINONA STREET

City	State	Zip Code
CHARLOTTE	NC	28203

Purpose of Disbursement  
PRINTING/POSTAGE

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2014

Amount of Each Disbursement this Period

750.81
--------

Transaction ID : SB17.6066

**B. MELISSA MURPHY**

Mailing Address 5018 B BARBOUR DRIVE

City	State	Zip Code
ALEXANDRIA	VA	22304

Purpose of Disbursement  
REIMBURSEMENT: MILEAGE

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2014

Amount of Each Disbursement this Period

542.08
--------

Transaction ID : SB17.6067

**C. NORTH CAROLINA DEPARTMENT OF REVENUE**

Mailing Address 501 N. WILMINGTON STREET

City	State	Zip Code
RALEIGH	NC	27604

Purpose of Disbursement  
TAXES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2014

Amount of Each Disbursement this Period

530.00
--------

Transaction ID : SB17.6054

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

1822.89

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

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

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NAME OF COMMITTEE (In Full)

**DAVID ROUZER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. OORBEEK MOREHOUSE STRATEGIES, LLC**Mailing Address 412 SOUTH CAPITOL STREET, SE  
SUITE B

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2014

Amount of Each Disbursement this Period

9708.00
---------

Transaction ID : SB17.6060

**B. OTT TOURS**

Mailing Address 50 MASSACHUSETTS AVE, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRANSPORTATION

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2014

Amount of Each Disbursement this Period

1350.00
---------

Transaction ID : SB17.6079

**C. DAVID ROUZER**

Mailing Address 108 PEACH ORCHARD DRIVE

City BENSON State NC Zip Code 27504

Purpose of Disbursement  
REIMBURSEMENT: MILEAGE, HOTEL, FOOD, POSTAGE

001

Category/  
Type

Candidate Name

**DAVID ROUZER**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: NC District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2014

Amount of Each Disbursement this Period

1466.43
---------

Transaction ID : SB17.6045

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

12524.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

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

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NAME OF COMMITTEE (In Full)

**DAVID ROUZER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ELIZABETH R SEIDEL**Mailing Address 4520 STILL MEADOW DRIVE  
UNIT 101

City WILMINGTON State NC Zip Code 28412

Purpose of Disbursement  
SALARY

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2014

Amount of Each Disbursement this Period

1939.75
---------

Transaction ID : SB17.6034

**B. THE FORD FIRM, PLLC**

Mailing Address PO BOX 701

City CLAYTON State NC Zip Code 27528

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2014

Amount of Each Disbursement this Period

705.00
--------

Transaction ID : SB17.6048

**C. THE GALLERY COLLECTION**

Mailing Address 65 CHALLENGER ROAD

City RIDGEFIELD PARK State NJ Zip Code 07660

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2014

Amount of Each Disbursement this Period

2289.43
---------

Transaction ID : SB17.6085

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

4934.18

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

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

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NAME OF COMMITTEE (In Full)

**DAVID ROUZER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. US DEPARTMENT OF THE TREASURY**

Mailing Address 1500 PENNSYLVANIA AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20220

Purpose of Disbursement  
TAXES

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2014

Amount of Each Disbursement this Period

2996.00
---------

Transaction ID : SB17.6055

**B. SARAH WATERS**

Mailing Address 1711 CENTER ROAD

City	State	Zip Code
RALEIGH	NC	27608

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		28		2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.6031

**C. SARAH WATERS**

Mailing Address 1711 CENTER ROAD

City	State	Zip Code
RALEIGH	NC	27608

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2014

Amount of Each Disbursement this Period

4726.85
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Transaction ID : SB17.6058

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

10722.85

46511.71