

**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  
11 / 27 / 2012

through

M M / D D / Y Y Y Y  
12 / 31 / 2012

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  
01 / 21 / 2013

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 / 18

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	7		2	0	1	2

To:

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

	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))....	1359.67	5940.60
(b) Total Contribution Refunds (from Line 20(d)) .....	6183.00	8527.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	-4823.33	-2586.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	16360.45	33484.08
(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)) .....	16360.45	33484.08
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	12708.91	
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) .....	2000.00	

## 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 / 18

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	7		2	0	1	2

To:

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

**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).....

750.00

3925.00

(ii) Unitemized.....

275.00

500.00

(iii) TOTAL of contributions from individuals ▶

1025.00

4425.00

**(b) Political Party Committees.....**

0.00

0.00

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

0.00

1000.00

**(d) The Candidate.....**

334.67

515.60

**(e) TOTAL CONTRIBUTIONS**

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

1359.67

5940.60

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

250.01

250.01

**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.) .....

25.00

14050.00

**16. TOTAL RECEIPTS (add Lines**

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

1634.68

20240.61

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 18

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16360.45	33484.08
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 .....	6183.00	8527.00
(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)).....	6183.00	8527.00
21. OTHER DISBURSEMENTS .....	9398.00	9455.31
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	31941.45	51466.39

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	43015.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1634.68
25. SUBTOTAL (add Line 23 and Line 24).....	44650.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31941.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12708.91

# **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 18

(check only one)

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

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)

David Rouzer for Congress

Full Name (Last, First, Middle Initial)

RUTH HEATH

A.

Mailing Address 2326 AUTUMN DRIVE

City

KINSTON

State

NC

Zip Code

28501-7258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HARVEY ENTERPRISES

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2012

Transaction ID : SA11.4004

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CINDY C. HUNTSBERRY

B.

Mailing Address PO BOX 907

City

SMITHFIELD

State

NC

Zip Code

27577-0907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CINDY HUNTSBERRY ATTORNEY AT LAW

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2012

Transaction ID : SA11.4154

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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 M	/	D 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).....

750.00

750.00

# **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 18

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

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)

**David Rouzer for Congress**

Full Name (Last, First, Middle Initial)

**DAVID ROUZER**

**A.**

Mailing Address 108 PEACH ORCHARD DRIVE

City

**BENSON**

State

**NC**

Zip Code

**27504-8304**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**THE ROUZER COMPANY**

Occupation

**BUSINESS CONSULTANT / PRINCIPAL**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**515.60**

Date of Receipt

**12 / 31 / 2012**

**Transaction ID : SA11.4159**

Amount of Each Receipt this Period

**334.67**

CONTRIBUTION

IN-KIND MILEAGE

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

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

Amount of Each Receipt this Period

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

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

**334.67**

**334.67**

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

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

FOR LINE NUMBER:

PAGE 7 OF 18

(check only one)

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

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)

David Rouzer for Congress

Full Name (Last, First, Middle Initial)

TAKE BACK NORTH CAROLINA

Mailing Address 2470 DANIELLS BRIDGE ROAD  
 SUITE 121

City	State	Zip Code
ATHENS	GA	30606-6191

FEC ID number of contributing federal political committee.

C C00513929

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2012

Transaction ID : SA11.4003

Amount of Each Receipt this Period

250.01

TRANSFER OF NET JOINT FUNDRAISING PROCEEDS

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
-------	---	-------	---	-------------

Amount of Each Receipt this Period

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
-------	---	-------	---	-------------

Amount of Each Receipt this Period

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

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

250.01

250.01

**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 18

<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

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)

David Rouzer for Congress

Full Name (Last, First, Middle Initial)

**A. THOMAS N. BUGBEE JR.**

Mailing Address 708 SQUIRE LANE

City	State	Zip Code
WILMINGTON	NC	28411

Purpose of Disbursement  
CAMPAIGN CONSULTING/TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2012

Amount of Each Disbursement this Period

1409.81
---------

Transaction ID : SB17.I1055

**B. TOWNES MAXWELL**

Mailing Address 1011 SOUTHPPOINT CROSSING DRIVE

City	State	Zip Code
DURHAM	NC	27713

Purpose of Disbursement  
CAMPAIGN CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2012

Amount of Each Disbursement this Period

3520.00
---------

Transaction ID : SB17.I1056

**C. DODIE RENFER**

Mailing Address 721 RAYMOND DRIVE

City	State	Zip Code
CLAYTON	NC	27527

Purpose of Disbursement  
CAMPAIGN CONSULTING/TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2012

Amount of Each Disbursement this Period

1328.68
---------

Transaction ID : SB17.I1066

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

6258.49



**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 18

<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

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)

**David Rouzer for Congress**

Full Name (Last, First, Middle Initial)

**A. DENISE RENTZ**

Mailing Address 141 LEACH DRIVE

City	State	Zip Code
GARNER	NC	27529

Purpose of Disbursement  
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 30 / 2012

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.I1071

**B. DAVID ROUZER**

Mailing Address 108 PEACH ORCHARD DRIVE

City	State	Zip Code
BENSON	NC	27504-8304

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 31 / 2012

Amount of Each Disbursement this Period

334.67
--------

Transaction ID : SB17.4159

IN-KIND MILEAGE

**C. CAPITAL CITY MAIL SERVICE**

Mailing Address 2660-124 DISCOVERY DRIVE

City	State	Zip Code
RALEIGH	NC	27616

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 21 / 2012

Amount of Each Disbursement this Period

1088.00
---------

Transaction ID : SB17.I1109

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

1822.67

**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 18

<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

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)

David Rouzer for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

City	State	Zip Code
FALLS CHURCH	VA	22043

Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2012

Amount of Each Disbursement this Period

800.00
--------

Transaction ID : SB17.I1072

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City	State	Zip Code
FALLS CHURCH	VA	22043

Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2012

Amount of Each Disbursement this Period

800.00
--------

Transaction ID : SB17.I1098

**C. CREATSEND.COM**Mailing Address 04/3-5 STAPLETON AVENUE  
(AUSTRALIA)

City	State	Zip Code
SUTHERLAND	NS	02232

Purpose of Disbursement  
WEBSITE SERVICES

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2012

Amount of Each Disbursement this Period

122.40
--------

Transaction ID : SB17.I1095

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

1722.40

**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 18

<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

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)

David Rouzer for Congress

Full Name (Last, First, Middle Initial)

**A. MAJORITY CONNECTIONS, LLC**

Mailing Address 10 PINNACLE ROAD

City	State	Zip Code
DURHAM	NC	27705

Purpose of Disbursement  
MEDIA CONSULTING

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2012

Amount of Each Disbursement this Period

625.00
--------

Transaction ID : SB17.I1085

Full Name (Last, First, Middle Initial)

**B. OGLETREE, DEAKINS, NASH, SMOAK & STEWART, PC**

Mailing Address PO BOX 89

City	State	Zip Code
COLUMBIA	SC	29202

Purpose of Disbursement  
LEGAL FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2012

Amount of Each Disbursement this Period

340.00
--------

Transaction ID : SB17.I1073

Full Name (Last, First, Middle Initial)

**C. THE FORD FIRM, PLLC**

Mailing Address PO BOX 701

City	State	Zip Code
CLAYTON	NC	27528

Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		07		2012

Amount of Each Disbursement this Period

1525.00
---------

Transaction ID : SB17.I1087

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

2490.00

**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 12 OF 18

<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

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)

David Rouzer for Congress

Full Name (Last, First, Middle Initial)

**A. TOWN OF SMITHFIELD**

Mailing Address 350 EAST MARKET STREET

City	State	Zip Code
SMITHFIELD	NC	27577

Purpose of Disbursement  
UTILITIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2012

Amount of Each Disbursement this Period

205.27
--------

Transaction ID : SB17.I1067

**B. TOWN OF SMITHFIELD**

Mailing Address 350 EAST MARKET STREET

City	State	Zip Code
SMITHFIELD	NC	27577

Purpose of Disbursement  
UTILITIES

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2012

Amount of Each Disbursement this Period

36.92
-------

Transaction ID : SB17.I1097

**C. UNITED STATES POSTAL SERVICE**

Mailing Address 201 NORTH 3RD STREET

City	State	Zip Code
SMITHFIELD	NC	27577

Purpose of Disbursement  
POSTAGE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2012

Amount of Each Disbursement this Period

720.00
--------

Transaction ID : SB17.I1088

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

962.19



**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 14 OF 18

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

David Rouzer for Congress

Full Name (Last, First, Middle Initial)

**A. DAVID ROUZER**

Mailing Address 108 PEACH ORCHARD DR

City	State	Zip Code
BENSON	NC	27504-8304

Purpose of Disbursement  
REFUND OF 2012 Q1 IN-KINDS

Candidate Name

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

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y
12 / 21 / 2012

Amount of Each Disbursement this Period

6183.00
---------

Transaction ID : SB20A.I1093

SEE SCHEDULE A LINE 11(D)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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

Amount of Each Disbursement this Period

--

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

6183.00

6183.00

**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 15 OF 18

<input 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 checked="" type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

David Rouzer for Congress

Full Name (Last, First, Middle Initial)

**A. TOWNES MAXWELL**

Mailing Address 1011 SOUTHPPOINT CROSSING DRIVE

City	State	Zip Code
DURHAM	NC	27713

Purpose of Disbursement  
CAMPAIGN CONSULTING - RECOUNT

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2012

Amount of Each Disbursement this Period

1770.00
---------

Transaction ID : SB21.I1084

**B. DODIE RENFER**

Mailing Address 721 RAYMOND DRIVE

City	State	Zip Code
CLAYTON	NC	27527

Purpose of Disbursement  
CAMPAIGN CONSULTING - RECOUNT

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2012

Amount of Each Disbursement this Period

3750.00
---------

Transaction ID : SB21.I1080

**C. BRW FUNDRAISING GROUP, LLC**

Mailing Address 3017 MAYVIEW ROAD

City	State	Zip Code
RALEIGH	NC	27607

Purpose of Disbursement  
FUNDRAISING CONSULTING - RECOUNT

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB21.I1083

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

7520.00

**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 16 OF 18

<input 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 checked="" type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

David Rouzer for Congress

Full Name (Last, First, Middle Initial)

**A. MAJORITY CONNECTIONS, LLC**

Mailing Address 10 PINNACLE ROAD

City	State	Zip Code
DURHAM	NC	27705

Purpose of Disbursement  
MEDIA CONSULTING - RECOUNT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2012

Amount of Each Disbursement this Period

1875.00
---------

Transaction ID : SB21.I1092

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

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
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

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
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

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

1875.00

9395.00



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**David Rouzer for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**THOMAS N BUGBEE JR**

Nature of Debt (Purpose):

CAMPAIGN CONSULTING/TRAVEL

Mailing Address 708 SQUIRE LANE

City State

WILMINGTON

Zip Code

NC

28411

Outstanding Balance Beginning This Period

1409.81

Transaction ID : 002

Amount Incurred This Period

0.00

Payment This Period

1409.81

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**TOWNES MAXWELL**

Nature of Debt (Purpose):

CAMPAIGN CONSULTING

Mailing Address 1011 SOUTHPOINT CROSSING DRIVE

City State

DURHAM

Zip Code

NC

27713

Outstanding Balance Beginning This Period

3520.00

Transaction ID : 003

Amount Incurred This Period

0.00

Payment This Period

3520.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DODIE RENFER**

Nature of Debt (Purpose):

CAMPAIGN CONSULTING

Mailing Address 721 RAYMOND DRIVE

City

CLAYTON

State

NC

Zip Code

27527

Outstanding Balance Beginning This Period

5078.68

Transaction ID : 004

Amount Incurred This Period

0.00

Payment This Period

5078.68

Outstanding Balance at Close of This Period

0.00

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

0.00

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

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**David Rouzer for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Compliance Consulting Company of VA, LLC**

Nature of Debt (Purpose):

**COMPLIANCE CONSULTING**

Mailing Address PO Box 365

City State

Zip Code

McLean

VA

22101

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 001**

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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) .....

2000.00

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

2000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

2000.00