

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

12FE4M5

WALTER JONES COMMITTEE

ADDRESS (number and street)

PO Box 3962

Check if different than previously reported. (ACC)

Greenville

NC

27836

2. FEC IDENTIFICATION NUMBER

C C00305052

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 10/01/2013

through

MM/DD/YYYY 12/31/2013

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 Mr. Collin A McMichael

Signature of Treasurer Mr. Collin A McMichael

[Electronically Filed]

Date

MM/DD/YYYY 01/31/2014

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

Table with 8 columns and 1 row for Office Use Only.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**WALTER JONES COMMITTEE**

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))....	66543.00	284981.74
(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)).....	66543.00	284981.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	47171.45	261765.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	845.87	845.87
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	46325.58	260919.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	126808.34	
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)

Write or Type Committee Name

**WALTER JONES COMMITTEE**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32975.00	138405.00
(ii) Unitemized.....	6068.00	48326.74
(iii) TOTAL of contributions from individuals ▶	39043.00	186731.74
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	27500.00	98250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	66543.00	284981.74
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.) .....	845.87	845.87
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)..... ▶	67388.87	285827.61

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47171.45	261765.70
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 .....	700.00	1300.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	47871.45	263065.70

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	107290.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	67388.87
25. SUBTOTAL (add Line 23 and Line 24).....	174679.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47871.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	126808.34

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

Form/Schedule: F3N  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. John K. Agnostak</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2013	
Mailing Address 174 Parson Road		<b>Transaction ID : SA11AI.32964</b>	
City Grantsboro	State NC	Zip Code 28529-9668	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. John K. Agnostak</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 14 / 2013	
Mailing Address 174 Parson Road		<b>Transaction ID : SA11AI.32965</b>	
City Grantsboro	State NC	Zip Code 28529-9668	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jerry T. Allen</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 14 / 2013	
Mailing Address 198 Newell Road		<b>Transaction ID : SA11AI.32966</b>	
City Snow Hill	State NC	Zip Code 28580	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer The Home Depot	Occupation Master Trade Specialist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Allyn**

Mailing Address 422 Rock Creek Drive

City Jacksonville State NC Zip Code 28540

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

Name of Employer American Eel Farm Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2013

**Transaction ID : SA11AI.32967**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Lee Ann Aylward**

Mailing Address 307 Sea Dreams Drive

City Atlantic Beach State NC Zip Code 28512

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

Name of Employer Self Employed Occupation Jeweler

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.32972**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 228 Munden Farm Road

City Newport State NC Zip Code 28570

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

Name of Employer Coral Bay Marina Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : SA11AI.32973**

Amount of Each Receipt this Period  
 2600.00  
 Earmarked Through DEMOCRACY ENGINE, INC., PAC

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

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

3700.00

**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 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

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

Mailing Address 850 QUINCY STREET, NW #402

City State Zip Code  
WASHINGTON DC 20011

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3575.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 22 / 2013

**Transaction ID : SA11AI.32973.0**

Amount of Each Receipt this Period  
2600.00

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

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Bruce H. Baker**

Mailing Address 812 Chesapeake Place

City State Zip Code  
Greenville NC 27858-6239

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 14 / 2013

**Transaction ID : SA11AI.32975**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Marie Barnhill**

Mailing Address 302 East Woodlawn Drive

City State Zip Code  
Williamston NC 27892

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2013

**Transaction ID : SA11AI.32978**

Amount of Each Receipt this Period  
500.00

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

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

Mailing Address 101 Mark Drive

City Edenton State NC Zip Code 27932

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2013

**Transaction ID : SA11AI.32981**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Timothy G. Blount**

Mailing Address 63 Johnson Street

City White Lake State NC Zip Code 28337

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

Name of Employer Blount Investments Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11AI.32984**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Walter J. Buckert Jr.**

Mailing Address 20898 Royal Villa Terrace

City Potomac Falls State VA Zip Code 20165

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

Name of Employer Webco, Inc. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
399.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11AI.32995**

Amount of Each Receipt this Period  
200.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Kristin E. Carroll**

Mailing Address 605 Carnoustie Drive

City Greenville State NC Zip Code 27858

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

Name of Employer Grady White Boats, Inc. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2013

**Transaction ID : SA11AI.32999**

Amount of Each Receipt this Period  
500.00

Earmarked Through DEMOCRACY ENGINE, INC., PAC

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

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2013

**Transaction ID : SA11AI.32999.0**

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Fenner S. Corbett**

Mailing Address PO Box 9

City Simpson State NC Zip Code 27879

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2013

**Transaction ID : SA11AI.33014**

Amount of Each Receipt this Period  
100.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Lawrence M. Cutchin**

Mailing Address **Box 325**

City **Tarboro** State **NC** Zip Code **27865**

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

Name of Employer **Area Health Education Foundation** Occupation **Director-Allied Health Education**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2013**

**Transaction ID : SA11AI.33019**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address **5434 Marvin Taylor Road**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **520.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11AI.33020**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Salvatore J. Disciascio**

Mailing Address **698 Prescott Road**

City **New Bern** State **NC** Zip Code **28560**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2013**

**Transaction ID : SA11AI.33022**

Amount of Each Receipt this Period  
**25.00**

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

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

**225.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Salvatore J. Disciascio</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 11 / 2013	
Mailing Address 698 Prescott Road		<b>Transaction ID : SA11AI.33024</b>	
City New Bern	State NC	Zip Code 28560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Salvatore J. Disciascio</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 09 / 2013	
Mailing Address 698 Prescott Road		<b>Transaction ID : SA11AI.33025</b>	
City New Bern	State NC	Zip Code 28560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Paul W. Douglas</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2013	
Mailing Address 186 Douglas Farm Road		<b>Transaction ID : SA11AI.33029</b>	
City Sanford	State NC	Zip Code 27332	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self Employed	Occupation Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Donalt James Eglinton</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2013	
Mailing Address 2001 Hydes Corner		<b>Transaction ID : SA11AI.33037</b>	
City New Bern	State NC	Zip Code 28562	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Ward & Smith	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Fuad El-Hibri</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2013	
Mailing Address 13340 Signal Tree Lane		<b>Transaction ID : SA11AI.33038</b>	
City Potomac	State MD	Zip Code 20854	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer Emergent Biosolutions	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Fuad El-Hibri</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2013	
Mailing Address 13340 Signal Tree Lane		<b>Transaction ID : SA11AI.33044</b>	
City Potomac	State MD	Zip Code 20854	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period -2600.00	
Name of Employer Emergent Biosolutions	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3200.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 14 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Fuad El-Hibri**

Mailing Address 13340 Signal Tree Lane

City Potomac State MD Zip Code 20854

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

Name of Employer Emergent Biosolutions Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11AI.33045**

Amount of Each Receipt this Period  
 2600.00

Redesignate:  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Royce E. Everette Jr.**

Mailing Address 118 Robin Road

City Greenville State NC Zip Code 27858

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

Name of Employer Time Investment Corporation Occupation Consumer Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.33055**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 126 Woodridge Drive

City Morehead City State NC Zip Code 28552

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

Name of Employer Cherry Point MCAS Occupation Business Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : SA11AI.33056**

Amount of Each Receipt this Period  
 250.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Art J. Furtney</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2013	
Mailing Address 130 Tweed Drive		<b>Transaction ID : SA11AI.33060</b>	
City Jacksonville	State NC	Zip Code 28540	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Century 21 Champion Real Est	Occupation Realtor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Harold L. Godwin</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 06 / 2013	
Mailing Address 1813 Lakeshore Drive		<b>Transaction ID : SA11AI.33065</b>	
City Fayetteville	State NC	Zip Code 28305	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Hunter Hadley Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2013	
Mailing Address 101 Wantland Street		<b>Transaction ID : SA11AI.33070</b>	
City Jacksonville	State NC	Zip Code 28540	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. W. Phillip 'Phil' Hodges**

Mailing Address 1260 Green Acres Road

City Williamston State NC Zip Code 27892

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

Name of Employer Metrics, Inc. Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2013

**Transaction ID : SA11AI.33085**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. W. Phillip 'Phil' Hodges**

Mailing Address 1260 Green Acres Road

City Williamston State NC Zip Code 27892

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

Name of Employer Metrics, Inc. Occupation President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 12 / 2013

**Transaction ID : SA11AI.33084**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Mark A. Holmes**

Mailing Address 900 Chesapeake Place

City Greenville State NC Zip Code 27858

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

Name of Employer Select Bank & Trust Company Occupation Bank President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.33089**

Amount of Each Receipt this Period  
**250.00**

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert A. Jeffreys**

Mailing Address 3102 Cashwell Drive  
Unit 52

City State Zip Code  
Goldsboro NC 27534

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

Name of Employer Occupation  
R. A. Jeffreys Distributing Co President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 29 / 2013

**Transaction ID : SA11AI.33093**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert A. Jeffreys**

Mailing Address 3102 Cashwell Drive  
Unit 52

City State Zip Code  
Goldsboro NC 27534

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

Name of Employer Occupation  
R. A. Jeffreys Distributing Co President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 29 / 2013

**Transaction ID : SA11AI.33097**

Amount of Each Receipt this Period  
-1150.00

Redesignate:  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert A. Jeffreys**

Mailing Address 3102 Cashwell Drive  
Unit 52

City State Zip Code  
Goldsboro NC 27534

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

Name of Employer Occupation  
R. A. Jeffreys Distributing Co President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 29 / 2013

**Transaction ID : SA11AI.33098**

Amount of Each Receipt this Period  
1150.00

Redesignate:  
**[MEMO ITEM]**

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

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

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 18 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Julia Jenkins**

Mailing Address 3885 River Road

City Vanceboro State NC Zip Code 28586

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2013

**Transaction ID : SA11AI.33099**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Neil Lathrop**

Mailing Address 1110 Brynn Marr Road

City Jacksonville State NC Zip Code 28546

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : SA11AI.33228**

Amount of Each Receipt this Period  
200.00

Earmarked Through DEMOCRACY ENGINE, INC., PAC

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

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3775.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : SA11AI.33228.0**

Amount of Each Receipt this Period  
200.00

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

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. George Lautares**

Mailing Address 100 Hickory Street  
Apartment 301

City Greenville State NC Zip Code 27858

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2013

**Transaction ID : SA11AI.33110**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Jasper L. Lewis Jr.**

Mailing Address 1025 Johns Hopkins Drive

City Greenville State NC Zip Code 27858

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : SA11AI.33113**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Jasper L. Lewis Jr.**

Mailing Address 1025 Johns Hopkins Drive

City Greenville State NC Zip Code 27858

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : SA11AI.33403**

Amount of Each Receipt this Period  
-2600.00

Redesignate:  
**[MEMO ITEM]**

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Jasper L. Lewis Jr.**

Mailing Address 1025 Johns Hopkins Drive

City Greenville State NC Zip Code 27858

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : SA11AI.33404**

Amount of Each Receipt this Period  
 2600.00

Redesignate:  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Marcia Kaye Lyerly**

Mailing Address 101 Sheddars Walk

City Kill Devil Hills State NC Zip Code 27948

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : SA11AI.33231**

Amount of Each Receipt this Period  
 100.00

Earmarked Through DEMOCRACY ENGINE, INC., PAC

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

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 3875.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : SA11AI.33231.0**

Amount of Each Receipt this Period  
 100.00

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

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

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. C. E. Manning**

Mailing Address 9759 NC Hwy 99N

City State Zip Code  
Pantego NC 27860

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

Name of Employer Occupation  
Manning Farms, Inc. Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11AI.33118**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mapetsi Policy Group LLC**

Mailing Address 4600 Connecticut Avenue #107

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : SA11AI.33369**

Amount of Each Receipt this Period  
**1000.00**

See Attribution Below -

**C.** Full Name (Last, First, Middle Initial)  
**Ms Deborah Ho**

Mailing Address 4600 Connecticut Avenue NW #107

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation  
Mapetsi Policy Group LLC Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**334.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : SA11AI.33369.0**

Amount of Each Receipt this Period  
**334.00**

Partnership Attribution  
**[MEMO ITEM]**

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

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John Hark**

Mailing Address 4600 Connecticut Avenue  
#107

City Washington State DC Zip Code 20008

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

Name of Employer Mapetsi Policy Group LLC Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
333.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : SA11AI.33369.1**

Amount of Each Receipt this Period  
333.00

Partnership Attribution

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Ms Kim Teehee**

Mailing Address 4600 Connecticut Avenue NW  
#107

City Washington State DC Zip Code 20008

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

Name of Employer Mapetsi Policy Group LLC Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
333.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : SA11AI.33369.2**

Amount of Each Receipt this Period  
333.00

Partnership Attribution

**[MEMO ITEM]**

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

Mailing Address 3022 Dartmouth Drive

City Greenville State NC Zip Code 27858

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2013

**Transaction ID : SA11AI.33122**

Amount of Each Receipt this Period  
200.00

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

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

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**W. G. Champion Mitchell**

Mailing Address 3009 River Lane

City State Zip Code  
New Bern NC 28562

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11AI.33128**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4328 West Church Street

City State Zip Code  
Farmville NC 27828

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 26 / 2013

**Transaction ID : SA11AI.33130**

Amount of Each Receipt this Period  
3700.00

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

Mailing Address 4328 West Church Street

City State Zip Code  
Farmville NC 27828

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 26 / 2013

**Transaction ID : SA11AI.33133**

Amount of Each Receipt this Period  
-2600.00

Redesignate:  
**[MEMO ITEM]**

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>Mr. William C. Monk</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2013	
Mailing Address 4328 West Church Street		<b>Transaction ID : SA11AI.33134</b>	
City Farmville	State NC	Zip Code 27828	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Redesignate: <b>[MEMO ITEM]</b>	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Mr. W. Crawford Moore Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2013	
Mailing Address 619 Kershaw Street		<b>Transaction ID : SA11AI.33137</b>	
City Cheraw	State SC	Zip Code 29520	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Redesignate: 2000.00	
Name of Employer Self Employed		Occupation Business Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Dr. Donald E. Morel Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2013	
Mailing Address 1703 Lookaway Court		<b>Transaction ID : SA11AI.33138</b>	
City New Hope	State PA	Zip Code 18938	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Redesignate: 3500.00	
Name of Employer West Pharmaceutical Services		Occupation Chairman and CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	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 25 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

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

Mailing Address 1703 Lookaway Court

City State Zip Code  
New Hope PA 18938

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

Name of Employer Occupation  
West Pharmaceutical Services Chairman and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11AI.33140**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -900.00

Redesignate:  
**[MEMO ITEM]**

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

Mailing Address 1703 Lookaway Court

City State Zip Code  
New Hope PA 18938

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

Name of Employer Occupation  
West Pharmaceutical Services Chairman and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : SA11AI.33141**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 900.00

Redesignate:  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Ken Morgan**

Mailing Address 122 Drayton Hall

City State Zip Code  
Jacksonville NC 28540

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

Name of Employer Occupation  
Self Employed Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : SA11AI.33142**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 250.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

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

Mailing Address **PO Box 8305**

City **Greenville** State **NC** Zip Code **27835**

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

Name of Employer **Appraisal, Inc.** Occupation **Real Estate Appraiser**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 29 / 2013**

**Transaction ID : SA11AI.33235**

Amount of Each Receipt this Period  
**250.00**

Earmarked Through **DEMOCRACY ENGINE, INC., PAC**

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

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

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

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4125.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 29 / 2013**

**Transaction ID : SA11AI.33235.0**

Amount of Each Receipt this Period  
**250.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Gregory F. Murphy**

Mailing Address **502 Queen Annes Road**

City **Greenville** State **NC** Zip Code **27858**

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

Name of Employer **Eastern Urological Associates** Occupation **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 16 / 2013**

**Transaction ID : SA11AI.33145**

Amount of Each Receipt this Period  
**250.00**

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

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

**500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Maj. Gen. Hugh R. Overholt USA (Ret)**

Mailing Address 705 Cove Harbor

City New Bern	State NC	Zip Code 28562
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ward & Smith	Occupation Attorney
----------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 12 / 2013

**Transaction ID : SA11AI.33150**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Miss Monte Richardson**

Mailing Address 29 Highbridge Crossing  
Apartment 3301

City Asheville	State NC	Zip Code 28803
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 14 / 2013

**Transaction ID : SA11AI.33165**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Lynn Robertson**

Mailing Address 195 Coopers Mountain Road

City Martinsville	State VA	Zip Code 24112
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FEC ID number of contributing federal political committee. **C**

Name of Employer A.C. Furniture Company	Occupation Business Owner
--	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 14 / 2013

**Transaction ID : SA11AI.33167**

Amount of Each Receipt this Period  
1000.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Melvin W. Rollins**

Mailing Address 9077 Castle Harbour Circle

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2013

**Transaction ID : SA11AI.33169**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Ryan**

Mailing Address 304 Exmoor Drive

City State Zip Code  
Jacksonville NC 28540

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2013

**Transaction ID : SA11AI.33241**

Amount of Each Receipt this Period  
325.00

Earmarked Through DEMOCRACY ENGINE, INC., PAC

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

Mailing Address 850 QUINCY STREET, NW #402

City State Zip Code  
WASHINGTON DC 20011

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
975.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 18 / 2013

**Transaction ID : SA11AI.33241.0**

Amount of Each Receipt this Period  
325.00

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

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

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

575.00

**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 29 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Edward C. Smith Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 02 / 2013	
Mailing Address Post Office Box 1527		<b>Transaction ID : SA11AI.33176</b>	
City Greenville	State NC	Zip Code 27835	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Grady White Boats, Inc.	Occupation Chairman and CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Col. David B. Stevens USAF (Ret)</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2013	
Mailing Address 304 Francis Asbury Lane		<b>Transaction ID : SA11AI.33177</b>	
City Greenville	State NC	Zip Code 27858	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Carol D. Stubbs</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2013	
Mailing Address 212 Middle Street Suite 402		<b>Transaction ID : SA11AI.33181</b>	
City New Bern	State NC	Zip Code 28560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Stubbs & Perdue PA	Occupation Legal Assistant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Danette Tiller**

Mailing Address 2730 Tomlyn Drive

City Kinston State NC Zip Code 28504

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 07 / 2013

**Transaction ID : SA11AI.33185**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Danette Tiller**

Mailing Address 2730 Tomlyn Drive

City Kinston State NC Zip Code 28504

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : SA11AI.33186**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 120 Hood Drive

City Goldsboro State NC Zip Code 27530

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 14 / 2013

**Transaction ID : SA11AI.33189**

Amount of Each Receipt this Period  
50.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David L. Ward Jr.**

Mailing Address **PO Box 867**

City **New Bern** State **NC** Zip Code **28563**

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

Name of Employer **Ward and Smith, PA** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 12 / 2013**

**Transaction ID : SA11AI.33196**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **103 Speight Street**

City **Havelock** State **NC** Zip Code **28532**

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

Name of Employer **B & R Guns** Occupation **Manager**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 26 / 2013**

**Transaction ID : SA11AI.33198**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard K. Worsley**

Mailing Address **100 Hickory Street  
Apartment E-304**

City **Greenville** State **NC** Zip Code **27858**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 12 / 2013**

**Transaction ID : SA11AI.33210**

Amount of Each Receipt this Period  
**100.00**

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

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

**1200.00**

**32975.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 53	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

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

Mailing Address 1625 Massachusetts Avenue NW  
8th Floor

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : SA11C.33251**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Association for Justice PAC (AAJ PAC)**

Mailing Address 777 6th Street NW  
Suite 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : SA11C.33250**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1701 CLARENDON BOULEVARD

City ARLINGTON State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : SA11C.33252**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN MARITIME OFFICERS, AFL-CIO VOLUNTARY POLITICAL ACTION FUND**

Mailing Address 650 4TH AVE.

City State Zip Code  
BROOKLYN NY 11232

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 31 2013

**Transaction ID : SA11C.33254**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 2291

City State Zip Code  
DURHAM NC 27702

FEC ID number of contributing federal political committee. **C C00312223**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 26 2013

**Transaction ID : SA11C.33255**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND**

Mailing Address 5 SYLVAN WAY

City State Zip Code  
PARSIPANNY NJ 07054

FEC ID number of contributing federal political committee. **C C00275123**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 26 2013

**Transaction ID : SA11C.33259**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION POLITICAL ACTION COMMITTEE (ENGPAC)

Mailing Address 520 S GRAND AVE STE 700

City LOS ANGELES State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2013

**Transaction ID : SA11C.33261**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION POLITICAL ACTION COMMITTEE (ENGPAC)

Mailing Address 520 S GRAND AVE STE 700

City LOS ANGELES State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2013

**Transaction ID : SA11C.33263**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1299 PENNSYLVANIA AVENUE NW  
.SUITE 1100

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2013

**Transaction ID : SA11C.33265**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 35 OF 53  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 02 / 2013

**Transaction ID : SA11C.33266**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION FOR UNIFORMED SERVICES PAC**

Mailing Address 5535 HEMPSTEAD WAY

City SPRINGFIELD State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C** C00086348

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : SA11C.33269**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF HOME BUILDERS PAC (BuildPAC)**

Mailing Address 1201 15th Street NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C30001366

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 02 / 2013

**Transaction ID : SA11C.33258**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

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

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11C.33270**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1101 King Street Suite 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : SA11C.33267**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON**

Mailing Address PO Box 2995

City Cordova State TN Zip Code 38088

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2013

**Transaction ID : SA11C.33268**

Amount of Each Receipt this Period  
 1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ROAD TO VICTORY POLITICAL ACTION COMMITTEE**

Mailing Address 1155 21ST STREET NW SUITE 300

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C** C00385377

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : SA11C.33271**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SPIRIT AEROSYSTEMS, INC PAC**

Mailing Address PO Box 780008  
K11-05

City	State	Zip Code
Wichita	KS	67278

FEC ID number of contributing federal political committee. **C** C00428110

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : SA11C.33272**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**WARD AND SMITH PA POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 867

City	State	Zip Code
NEW BERN	NC	28563

FEC ID number of contributing federal political committee. **C** C00491506

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 12 / 2013

**Transaction ID : SA11C.33273**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

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

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

\_\_\_\_\_ 4500.00

\_\_\_\_\_ 27500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Capitol Hill Club**

Mailing Address 300 1st Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA14.33406**

Amount of Each Receipt this Period  
 845.87

Refund

**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).....

845.87

845.87

**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 39 OF 53		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Aristotle Industries</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 45.76 <b>Transaction ID : SB17.33351</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Merchant Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address PO Box 580048		Amount of Each Disbursement this Period 727.60 <b>Transaction ID : SB17.33285</b>
City Charlotte State NC Zip Code 28258	Purpose of Disbursement Campaign Car	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address PO Box 580048		Amount of Each Disbursement this Period 727.60 <b>Transaction ID : SB17.33312</b>
City Charlotte State NC Zip Code 28258	Purpose of Disbursement Campaign Car	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.96
<b>TOTAL</b> 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 40 OF 53		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address PO Box 580048		Amount of Each Disbursement this Period 727.60
City Charlotte	State NC	
Zip Code 28258	Purpose of Disbursement Campaign Car	Transaction ID : SB17.33341
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Jonathan Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 126 N Longmeadow Road		Amount of Each Disbursement this Period 223.38
City Greenville	State NC	
Zip Code 27858	Purpose of Disbursement Mileage, Food/Beverage	Transaction ID : SB17.33298
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jonathan Brooks</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 126 N Longmeadow Road		Amount of Each Disbursement this Period 57.75
City Greenville	State NC	
Zip Code 27858	Purpose of Disbursement Mileage	Transaction ID : SB17.33338
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1008.75
<b>TOTAL</b> 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 41 OF 53		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address PO Box 638		Amount of Each Disbursement this Period 352.00 <b>Transaction ID : SB17.33296</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address PO Box 638		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.33299</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Administrative and Accounting Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address PO Box 638		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.33309</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Administrative and Accounting Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6352.00
<b>TOTAL</b> 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 42 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address PO Box 638		Amount of Each Disbursement this Period 489.50 <b>Transaction ID : SB17.33315</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO Box 638		Amount of Each Disbursement this Period 3230.00 <b>Transaction ID : SB17.33339</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Administrative, Accounting, Events Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO Box 638		Amount of Each Disbursement this Period 380.60 <b>Transaction ID : SB17.33340</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4100.10
<b>TOTAL</b> 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 43 OF 53		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 19.47 <b>Transaction ID : SB17.33284</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 398.55 <b>Transaction ID : SB17.33302</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 845.87 <b>Transaction ID : SB17.33331</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1263.89
<b>TOTAL</b> 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 44 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 869.88 <b>Transaction ID : SB17.33347</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CM&amp;Co, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 850.00 <b>Transaction ID : SB17.33345</b>
City Raleigh State NC Zip Code 27624	Purpose of Disbursement Compliance Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 455.00 <b>Transaction ID : SB17.33327</b>
City Falls Church State VA Zip Code 22043	Purpose of Disbursement Data Management Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2174.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Cornerstone Solutions and Communications LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 6917 Vista Parkway North Suite 1		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.33304</b>
City West Palm Beach	State FL Zip Code 33411	
Purpose of Disbursement Website Management	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cornerstone Solutions and Communications LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 6917 Vista Parkway North Suite 1		Amount of Each Disbursement this Period 7500.00 <b>Transaction ID : SB17.33313</b>
City West Palm Beach	State FL Zip Code 33411	
Purpose of Disbursement Website Management	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Deluxe for Business</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address PO Box 1186		Amount of Each Disbursement this Period 136.74 <b>Transaction ID : SB17.33311</b>
City Lancaster	State CA Zip Code 93584	
Purpose of Disbursement Banking Supplies	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7986.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 53		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Deluxe for Business</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address PO Box 1186		Amount of Each Disbursement this Period 38.78
City Lancaster	State CA	
Zip Code 93584	Purpose of Disbursement Banking Supplies	Transaction ID : SB17.33322
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dot The I Design and Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 2814 Glendale Road		Amount of Each Disbursement this Period 500.00
City Charlotte	State NC	
Zip Code 28209	Purpose of Disbursement Graphics Services	Transaction ID : SB17.33326
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Doug Henry Chevrolet</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 210 West Marlboro		Amount of Each Disbursement this Period 249.02
City Farmville	State NC	
Zip Code 27828	Purpose of Disbursement Campaign Car Maintenance	Transaction ID : SB17.33305
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	787.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 53			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Doug Henry Chevrolet</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 210 West Marlboro		Amount of Each Disbursement this Period 70.08
City Farmville	State NC	
Zip Code 27828	Purpose of Disbursement Campaign Car Maintenance	Transaction ID : SB17.33346
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Macon Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address PO Box 3962		Amount of Each Disbursement this Period 5000.00
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Management Consulting	Transaction ID : SB17.33297
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Macon Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address PO Box 3962		Amount of Each Disbursement this Period 5000.00
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Management Consulting	Transaction ID : SB17.33308
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10070.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 53		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Macon Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO Box 3962		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.33337</b>
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Management Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MDI Imaging and Mailing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 21955 Cascades Parkway		Amount of Each Disbursement this Period 982.30 <b>Transaction ID : SB17.33328</b>
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement Direct Mail Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NC Division of Motor Vehicles</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address PO Box 29620		Amount of Each Disbursement this Period 288.30 <b>Transaction ID : SB17.33342</b>
City Raleigh	State NC	
Zip Code 27626	Purpose of Disbursement Campaign Car Registration and Tax	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6270.60
<b>TOTAL</b> 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 49 OF 53			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Precision Marketing Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address PO Box 7670		Amount of Each Disbursement this Period 1583.72 <b>Transaction ID : SB17.33325</b>
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Direct Mail Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms Madison Shook</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 1047 Ileagnes Road		Amount of Each Disbursement this Period 216.37 <b>Transaction ID : SB17.33343</b>
City Raleigh	State NC	
Zip Code 27603	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Sirius XM Radio</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address PO Box 9001399		Amount of Each Disbursement this Period 191.86 <b>Transaction ID : SB17.33349</b>
City Louisville	State KY	
Zip Code 40290-1399	Purpose of Disbursement Satellite Radio Yearly Subscription	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1991.95
<b>TOTAL</b> 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 50 OF 53			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Southwest Publishing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 2600 NW Topeka Boulevard		Amount of Each Disbursement this Period 1600.00 <b>Transaction ID : SB17.33329</b>
City Topeka	State KS Zip Code 66617	
Purpose of Disbursement Postage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 462.35 <b>Transaction ID : SB17.33306</b>
City Washington	State DC Zip Code 20016	
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address University Station 10th Street		Amount of Each Disbursement this Period 92.00 <b>Transaction ID : SB17.33286</b>
City Greenville	State NC Zip Code 27836	
Purpose of Disbursement Postage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2154.35
<b>TOTAL</b> 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 51 OF 53	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address University Station 10th Street		Amount of Each Disbursement this Period 828.00
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Postage	<b>Transaction ID : SB17.33323</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 95.42
City Atlanta	State GA	
Zip Code 30348	Purpose of Disbursement Phone and Internet Services	<b>Transaction ID : SB17.33282</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 98.63
City Atlanta	State GA	
Zip Code 30348	Purpose of Disbursement Phone and Internet Services	<b>Transaction ID : SB17.33301</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1022.05
<b>TOTAL</b> 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 52 OF 53		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 108.06 <b>Transaction ID : SB17.33336</b>
City Atlanta	State GA	
Zip Code 30348	Purpose of Disbursement Phone and Internet Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 101.60 <b>Transaction ID : SB17.33348</b>
City Atlanta	State GA	
Zip Code 30348	Purpose of Disbursement Phone and Internet Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	209.66
<b>TOTAL</b> This Period (last page this line number only).....	46893.79

**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 53 OF 53	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NORTH CAROLINA REPUBLICAN EXECUTIVE COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 08 / 2013</b>
Mailing Address PO BOX 12905		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB21.33363</b>
City Raleigh	State NC Zip Code 27605	
Purpose of Disbursement Contribution	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>500.00</b>