

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

Elisabeth Motsinger for Congress

ADDRESS (number and street)

1411 West First Street

P. O. Box 25121

Check if different than previously reported. (ACC)

Winston-Salem

NC

27114-5121

2. FEC IDENTIFICATION NUMBER ▼

C C00508580

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NC

05

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
11 / 06 / 2012

DD / YYYY

YYYY

in the State of

NC

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

DD / YYYY

YYYY

in the State of

5. Covering Period

MM / DD / YYYY
10 / 01 / 2012

DD / YYYY

YYYY

through

MM / DD / YYYY
10 / 17 / 2012

DD / YYYY

YYYY

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 John K Motsinger Sr

Signature of Treasurer John K Motsinger Sr

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2012

DD / YYYY

YYYY

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Elisabeth Motsinger for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	13326.83	119341.49
(b) Total Contribution Refunds (from Line 20(d))	250.00	750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13076.83	118591.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9830.26	88430.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	129.62
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9830.26	88300.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	26594.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4500.00	

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

Elisabeth Motsinger for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4295.09	62522.85
(ii) Unitemized.....	8531.74	53793.29
(iii) TOTAL of contributions from individuals ▶	12826.83	116316.14
(b) Political Party Committees.....	500.00	2400.00
(c) Other Political Committees (such as PACs).....	0.00	335.00
(d) The Candidate.....	0.00	290.35
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13326.83	119341.49
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	2000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	129.62
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)..... ▶	13326.83	121471.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9830.26	88430.55
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	250.00	750.00
(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)).....	250.00	750.00
21. OTHER DISBURSEMENTS	182.15	5695.81
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10262.41	94876.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23530.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13326.83
25. SUBTOTAL (add Line 23 and Line 24).....	36857.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10262.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	26594.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
H Michael Britt

Mailing Address **One Park Vista Lane #540**

City **Winston-Salem** State **NC** Zip Code **27101**

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

Name of Employer **The Centers for Exceptional Children** Occupation **Executive Director**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2012

Transaction ID : C8845097

Amount of Each Receipt this Period
100.00

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

Mailing Address **2837 Reynolds Dr**

City **Winston Salem** State **NC** Zip Code **27104-1903**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 05 / 2012

Transaction ID : C8778845

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Kirtan Caryll Coan

Mailing Address **829 Shoreland Rd**

City **Winston Salem** State **NC** Zip Code **27106-5537**

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

Name of Employer **Spirithorse** Occupation **Psycholtherapist**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 05 / 2012

Transaction ID : C8769685

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 6 OF 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Mary M Dickinson

Mailing Address 3720 Kirklees Rd

City Winston Salem State NC Zip Code 27104-1623

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
260.09

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : C8783733

Amount of Each Receipt this Period
135.09

* In-Kind: Supplies 10/10 chili fundraiser

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

Mailing Address 189 Skyland Dr
P. O. Box 356

City Sparta State NC Zip Code 28675-9070

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : C8767051

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Rosmary Ehle

Mailing Address 125 N Westview Dr

City Winston Salem State NC Zip Code 27104-1947

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

Name of Employer Self Occupation Actress

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012

Transaction ID : C8845104

Amount of Each Receipt this Period
250.00

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

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

885.09

**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 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Jenny Morgenstern Moore

Mailing Address 3731 Prospect Dr

City Winston Salem State NC Zip Code 27105-4041

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

Name of Employer SHFBNWNC Occupation Development

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : C8782811

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Suzanne Newsome DDS

Mailing Address PO Box 608
6350 Shallowford Rd

City Lewisville State NC Zip Code 27023-0608

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

Name of Employer self Occupation dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : C8782782

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Carl Franklin Parrish

Mailing Address 120 Aftonshire Ct

City Winston Salem State NC Zip Code 27104-2702

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

Name of Employer Self Occupation Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **540.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : C8782776

Amount of Each Receipt this Period
40.00

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

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

140.00

**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 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Mark Serosky

Mailing Address 4425 Hunters Run Dr

City Clemmons State NC Zip Code 27012-8704

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : C8763437

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Gail F Siuniak

Mailing Address 3830 Ryan Way

City Winston Salem State NC Zip Code 27106-3545

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : C8897972

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
Polly Westra

Mailing Address 581 Homestead Dr

City Vilas State NC Zip Code 28692-9642

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : C8767025

Amount of Each Receipt this Period
 500.00

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 9 OF 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
David Albertson

Mailing Address 4541 Chinaberry Lane

City Winston Salem State NC Zip Code 27106

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

Name of Employer retired Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : C8914444A

Amount of Each Receipt this Period
50.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3338.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : C8914444AB

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Edith Barrett

Mailing Address 3081 Magazine Drive

City Winston Salem State NC Zip Code 27106

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

Name of Employer Chicago title Insurance Occupation Underwriter

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2012

Transaction ID : C8844703A

Amount of Each Receipt this Period
35.00

* Earmarked Contribution: See Below

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

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

85.00

**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 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date **3338.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 14 / 2012

Transaction ID : C8844703AB

Amount of Each Receipt this Period
 _____ **35.00**

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
H Michael Britt

Mailing Address **One Park Vista Lane #540**

City **Winston-Salem** State **NC** Zip Code **27101**

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

Name of Employer **The Centers for Exceptional Children** Occupation **Executive Director**

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : C8777390A

Amount of Each Receipt this Period
 _____ **50.00**

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date **3338.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 07 / 2012

Transaction ID : C8777390AB

Amount of Each Receipt this Period
 _____ **50.00**

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

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

_____ **50.00**

**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 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
alexander ewing

Mailing Address 500 South Main St.

City Winston-Salem State NC Zip Code 27101

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2012

Transaction ID : C8777403A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3338.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2012

Transaction ID : C8777403AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Linda Hewitt

Mailing Address P.O. Box 65

City Creston State NC Zip Code 28615-0065

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

Name of Employer Self Occupation Writer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : C8777399A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

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

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

350.00

**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 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
3338.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2012

Transaction ID : C8777399AB

Amount of Each Receipt this Period

100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address **P.O. Box 65**

City **Creston** State **NC** Zip Code **28615-0065**

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

Name of Employer **Self** Occupation **Writer**

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2012

Transaction ID : C8914461A

Amount of Each Receipt this Period

125.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
3338.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2012

Transaction ID : C8914461AB

Amount of Each Receipt this Period

125.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

125.00

**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 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Mazie Laurence

Mailing Address 1707 Underpass Rd.

City Advance State NC Zip Code 27006-7536

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

Name of Employer none Occupation not employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : C8914446A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer none Occupation Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3338.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : C8914446AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Sarah Mendllovitz

Mailing Address 313 FEARRINGTON POST

City Fearington Village State NC Zip Code 27312

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

Name of Employer none Occupation not employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2012

Transaction ID : C8844705A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

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

350.00

**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 14 OF 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
3338.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2012

Transaction ID : C8844705AB

Amount of Each Receipt this Period

250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Sarah Mendlovitz Ph.D.

Mailing Address **313 Fearington Post**

City **Pittsboro** State **NC** Zip Code **27312-8560**

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

Name of Employer **none** Occupation **retired**

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
675.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2012

Transaction ID : C8844704A

Amount of Each Receipt this Period

250.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
3338.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2012

Transaction ID : C8844704AB

Amount of Each Receipt this Period

250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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 15 OF 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Suzanne Newsome DDS

Mailing Address PO Box 608
6350 Shallowford Rd

City Lewisville State NC Zip Code 27023-0608

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

Name of Employer self Occupation dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2012

Transaction ID : C8777402A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer self Occupation Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3338.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2012

Transaction ID : C8777402AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
James Protzman

Mailing Address 451 Lakeshore Lane

City Chapel Hill State NC Zip Code 27514

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

Name of Employer self Occupation Writer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : C8914440A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

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 16 OF 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
3338.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2012

Transaction ID : C8914440AB

Amount of Each Receipt this Period

100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address **1900 Mountain High Rd**

City **Wake Forest** State **NC** Zip Code **27587**

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

Name of Employer **none** Occupation **not employed**

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		11		2012

Transaction ID : C8844701A

Amount of Each Receipt this Period

100.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
3338.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		14		2012

Transaction ID : C8844701AB

Amount of Each Receipt this Period

100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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 17 OF 41
	<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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Katherine Seligmann

Mailing Address 1900 Mountain High Rd

City Wake Forest State NC Zip Code 27587

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

Name of Employer none Occupation not employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : C8914452A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3338.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : C8914452AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Joan Wright

Mailing Address 4866 Old Greensboro Rd.

City Thomasville State NC Zip Code 27360

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

Name of Employer none Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
315.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : C8914464A

Amount of Each Receipt this Period
10.00

* Earmarked Contribution: See Below

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

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

110.00

**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 41
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Elisabeth Motsinger for Congress

A. Full Name (Last, First, Middle Initial)
Wilkes Democrat Executive Committee

Mailing Address PO Box 2085

City North Wilkesboro State NC Zip Code 28659-2085

FEC ID number of contributing federal political committee. **C** c00165688

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2012

Transaction ID : C8897984

Amount of Each Receipt this Period
500.00

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).....

500.00

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 41	
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. AAC-ICDP		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address African American Caucus- Irdell Ct 245 Judas Road		Amount of Each Disbursement this Period 875.00 Transaction ID : D415118
City Mooresville State NC Zip Code 28117	Purpose of Disbursement ad in commemorative booklet Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Alleghany News		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO Box 8		Amount of Each Disbursement this Period 75.40 Transaction ID : D415110
City Sparta State NC Zip Code 28675-0008	Purpose of Disbursement newspaper advertisement Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Zachary Bailes		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 3706 Imperial place		Amount of Each Disbursement this Period 750.00 Transaction ID : D413044
City Owensboro State KY Zip Code 42301	Purpose of Disbursement communications/media manage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 41	
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. CampusColors		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 929 Marguerite Dr		Amount of Each Disbursement this Period 464.40 Transaction ID : D415071
City Winston Salem	State NC	
Zip Code 27106-5829	Purpose of Disbursement t shirts	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. Cloverdale Ace Hardware		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 2287 Cloverdale Ave		Amount of Each Disbursement this Period 135.00 Transaction ID : D415065
City Winston Salem	State NC	
Zip Code 27103-2301	Purpose of Disbursement postage for fundraising	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) c. Costco Wholesale		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 1085 Hanes Mall Blvd		Amount of Each Disbursement this Period 26.32 Transaction ID : D413203
City Winston Salem	State NC	
Zip Code 27103-1310	Purpose of Disbursement copy paper and coffee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional).....	625.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 41	
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Mary M Dickinson		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 3720 Kirklees Rd		Amount of Each Disbursement this Period 135.09 Transaction ID : D416849
City Winston Salem	State NC	
Zip Code 27104-1623	Purpose of Disbursement Supplies 10/10 chili fundraiser	* In-Kind Received
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Duke Energy		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address PO Box 1090		Amount of Each Disbursement this Period 146.75 Transaction ID : D412615
City Charlotte	State NC	
Zip Code 28201-1090	Purpose of Disbursement 9/25 ELECTRIC BILL	Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Elisabeth Motsinger		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 6548 Woodmere Drive		Amount of Each Disbursement this Period 195.80 Transaction ID : D413064
City Walkertown	State NC	
Zip Code 27051-9426	Purpose of Disbursement milage reimbursement	Category/Type 002
Candidate Name Elisabeth Motsinger	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 05	

SUBTOTAL of Disbursements This Page (optional).....	477.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 41	
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Elisabeth Motsinger		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 6548 Woodmere Drive		Amount of Each Disbursement this Period 175.45 Transaction ID : D414119
City Walkertown	State NC Zip Code 27051-9426	
Purpose of Disbursement reimburse for milage 10/2 and 10/4	Category/Type 002	
Candidate Name Elisabeth Motsinger	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 05		

Full Name (Last, First, Middle Initial) B. Ryan Eller		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address 389 N. Green St.		Amount of Each Disbursement this Period 12.24 Transaction ID : D418919
City Winston-Salem	State NC Zip Code 27101	
Purpose of Disbursement keys purchased from Ace Hardware	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		* In-Kind Received

Full Name (Last, First, Middle Initial) c. Forsyth County Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 1128 Burke St		Amount of Each Disbursement this Period 36.99 Transaction ID : D415410
City Winston Salem	State NC Zip Code 27101-2415	
Purpose of Disbursement reimburse for copies	Category/Type 006	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	224.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 41	
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Go Payment Merchant Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 2800 E Commerce Center Pl		Amount of Each Disbursement this Period 15.95 Transaction ID : D415436
City Tucson	State AZ	
Zip Code 85706-4559	Purpose of Disbursement credit card machine and serv for month	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Grove Park Inn		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 290 Macon Avenue		Amount of Each Disbursement this Period 9.00 Transaction ID : D417152
City Asheville	State NC	
Zip Code 28804	Purpose of Disbursement Parking for campaign	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Hickory Daily Record		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 100 Park Place		Amount of Each Disbursement this Period 127.62 Transaction ID : D415112
City Hickory	State NC	
Zip Code 28603	Purpose of Disbursement newspaper advertisement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	152.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41			
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. High Country Press		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO Box 152		Amount of Each Disbursement this Period 75.00 Transaction ID : D417144
City Boone	State NC	
Zip Code 28607	Purpose of Disbursement newspaper advertisement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Home Real Estate Co.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 100 S Marshall St		Amount of Each Disbursement this Period 795.00 Transaction ID : D415429
City Winston Salem	State NC	
Zip Code 27101-2843	Purpose of Disbursement Oct Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. kernersville News		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO Box 337		Amount of Each Disbursement this Period 166.50 Transaction ID : D415105
City Kernersville	State NC	
Zip Code 27285-0337	Purpose of Disbursement newspaper advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1036.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 41	
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. John K Motsinger Jr		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 6548 Woodmere Dr		Amount of Each Disbursement this Period 232.65 Transaction ID : D416638
City Walkertown State NC Zip Code 27051-9426	Purpose of Disbursement reimburse for milage 10/6 Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. John K Motsinger Jr		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 6548 Woodmere Dr		Amount of Each Disbursement this Period 129.80 Transaction ID : D418211
City Walkertown State NC Zip Code 27051-9426	Purpose of Disbursement reimburse for travel milage 10/16 Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mountain Times Publications		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO Box 1815		Amount of Each Disbursement this Period 399.55 Transaction ID : D415099
City Boone State NC Zip Code 28607-1815	Purpose of Disbursement News paper Ad Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	762.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 41	
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 565.00 Transaction ID : D416788
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement monthly fee for software use Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 15.00 Transaction ID : D420126
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement email overage chg Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot NP		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 7774 North Point Blvd		Amount of Each Disbursement this Period 52.29 Transaction ID : D417150
City Winston Salem State NC Zip Code 27104	Purpose of Disbursement DVD's for Media Mgr Category/Type 006	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	632.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 41	
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Quality Suites Hickory		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 1125 13th Avenue Dr SE # De		Amount of Each Disbursement this Period 78.82
City Hickory	State NC	
Zip Code 28602-5176	Purpose of Disbursement Hotel while campaigning	Transaction ID : D418212
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Salisbury Post		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 131 W Innes St		Amount of Each Disbursement this Period 148.40
City Salisbury	State NC	
Zip Code 28144-4338	Purpose of Disbursement newspaper advertising	Transaction ID : D415107
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sheetz Statesville		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2012
Mailing Address 1244 Wilkesboro Hwy		Amount of Each Disbursement this Period 3.68
City Statesville	State NC	
Zip Code 28625-3214	Purpose of Disbursement refreshment while traveling	Transaction ID : D416802
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	230.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 41	
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Southern Community Bank and Trust		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 1207 N Main St		Amount of Each Disbursement this Period 60.00 Transaction ID : D419058
City Kernersville	State NC	
Zip Code 27284-9861	Purpose of Disbursement stop pmt charges	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Statesville Record & Landmark		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 222 E Broad St		Amount of Each Disbursement this Period 107.00 Transaction ID : D415109
City Statesville	State NC	
Zip Code 28677-5325	Purpose of Disbursement newspaper advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Sun printing Company, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 1411 South Main Street		Amount of Each Disbursement this Period 621.87 Transaction ID : D414122
City Winston Salem	State NC	
Zip Code 27127-2705	Purpose of Disbursement Campaign Handouts	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	788.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 41			
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Taylorsville Times		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO Box 279		Amount of Each Disbursement this Period 76.80
City Taylorsville	State NC	
Zip Code 28681-0279	Purpose of Disbursement news paper advertisement	Transaction ID : D415102
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Chronicle		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO Box 1636		Amount of Each Disbursement this Period 124.74
City Winston Salem	State NC	
Zip Code 27102	Purpose of Disbursement newspaper advertisement	Transaction ID : D415106
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The County News		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address PO Box 820		Amount of Each Disbursement this Period 75.00
City Statesville	State NC	
Zip Code 28687-0820	Purpose of Disbursement newspaper advertisement	Transaction ID : D416877
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	276.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 41		
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. The Dispatch		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO Box 908		Amount of Each Disbursement this Period 139.20 Transaction ID : D415100
City Lexington State NC Zip Code 27293	Purpose of Disbursement newspaper advertisement Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 13840 Ballantyne Corporate Place		Amount of Each Disbursement this Period 236.68 Transaction ID : D416876
City Charlotte State NC Zip Code 28277-1234	Purpose of Disbursement Cable and Phone to 11/12 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Lauren Whitaker		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 2716 Windy Crossing Dr		Amount of Each Disbursement this Period 1000.00 Transaction ID : D413035
City Winston-Salem State NC Zip Code 27127-4603	Purpose of Disbursement communication/media manager new contract Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1375.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41			
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Whole Foods Market		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 41 Miller St		Amount of Each Disbursement this Period 10.82 Transaction ID : D415166
City Winston Salem	State NC	
Zip Code 27104-4211	Purpose of Disbursement paper towels	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Wilkes Journal Patriot		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO Box 70		Amount of Each Disbursement this Period 135.40 Transaction ID : D415108
City North Wilkesboro	State NC	
Zip Code 28659	Purpose of Disbursement newspaper advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Winston Salem Journal		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address attn: misty kerr 418 N Marshall Street		Amount of Each Disbursement this Period 2045.48 Transaction ID : D417145
City Winston Salem	State NC	
Zip Code 27101	Purpose of Disbursement newspaper advertisement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2191.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 41	
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Yadkin Ripple		Date of Disbursement MM / DD / YYYY 10 / 09 / 2012
Mailing Address 115 Jackson Street		Amount of Each Disbursement this Period 71.10 Transaction ID : D415101
City Yadkinville	State NC	
Zip Code 27055	Purpose of Disbursement news paper advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Elisabeth Motsinger		Date of Disbursement MM / DD / YYYY 10 / 05 / 2012
Mailing Address 6548 Woodmere Drive		Amount of Each Disbursement this Period 12.00 Transaction ID : D414120
City Walkertown	State NC	
Zip Code 27051-9426	Purpose of Disbursement reimburse for campaign expenses	Category/ Type 007
Candidate Name Elisabeth Motsinger	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: NC District: 05	Other (specify)	

Full Name (Last, First, Middle Initial) c. Warrior Creek		Date of Disbursement MM / DD / YYYY 10 / 05 / 2012
Mailing Address 7659 W Highway 268		Amount of Each Disbursement this Period 12.00 Transaction ID : D414121 [MEMO ITEM]
City Boomer	State NC	
Zip Code 28606	Purpose of Disbursement entry fee for committee Event	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	83.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 41			
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Amy Bass Mohan		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 836 Magnolia St		Amount of Each Disbursement this Period 81.47 Transaction ID : D414137
City Winston Salem	State NC	
Purpose of Disbursement reimburse for set up and maint exp for Web Site		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Weebly.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address none available		Amount of Each Disbursement this Period 81.47 Transaction ID : D414138 [MEMO ITEM]
City San Francisco	State CA	
Purpose of Disbursement set up chgs for web site		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. John Kings Motsinger Sr		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 6548 Woodmere Dr		Amount of Each Disbursement this Period 15.00 Transaction ID : D415412
City Walkertown	State NC	
Purpose of Disbursement Reimburse for DVD Purch		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	96.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 41	
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Alleghany Community Television		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 115 Atwood St Ste B		Amount of Each Disbursement this Period 15.00
City Sparta State NC Zip Code 28675-9299	Purpose of Disbursement DVD of Kids Vote	Transaction ID : D415414
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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) C.		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	
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	9830.26

**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 36 OF 41			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. Sarah Mendilovitz		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 313 FEARRINGTON POST		Amount of Each Disbursement this Period 250.00
City Ferrington Village State NC Zip Code 27312	Category/Type	
Purpose of Disbursement refund thru actblue duplicate contribution		Transaction ID : D420230
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 41
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. AAC-ICDP		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address African American Caucus- Irdell Ct 245 Judas Road		Amount of Each Disbursement this Period 60.00 Transaction ID : D415416
City Mooresville	State NC Zip Code 28117	
Purpose of Disbursement donation 2 tickets to event	Category/Type 011	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 39.17 Transaction ID : D415049
City Cambridge	State MA Zip Code 02238-2110	
Purpose of Disbursement Service Fee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 47.20 Transaction ID : D420214
City Cambridge	State MA Zip Code 02238-2110	
Purpose of Disbursement Service Fee	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	146.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 41			
	<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)
Elisabeth Motsinger for Congress

Full Name (Last, First, Middle Initial) A. ACTBLUE		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 35.78
City Cambridge	State MA	
Zip Code 02238-2110		
Purpose of Disbursement Service Fee		Category/ Type 003
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

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

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

SUBTOTAL of Disbursements This Page (optional).....	35.78
TOTAL This Period (last page this line number only).....	182.15

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Elisabeth Motsinger for Congress** Transaction ID : L799

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
John Kings MotsingerSr PERS FUNDS
 Primary
 General
 Other (specify) ▼

Mailing Address
6548 Woodmere Dr

City State ZIP Code
Walkertown NC 27051-9426

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

Date Incurred M 03 / D 13 / Y 2012	Date Due M M / D D / Y no due date	Interest Rate none % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Elisabeth Motsinger for Congress

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

Mailing Address P. O. Box 25121

City State Zip Code
Winston Salem NC 27114-5121

Nature of Debt (Purpose):
Disputed claim from alleged contractor

Outstanding Balance Beginning This Period **Transaction ID : D388694**
2500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 2500.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	2500.00
2) TOTALS This Period (last page this line number only)	2500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	2000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	4500.00

: 97 `A-G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @`CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : D388694

Claimant was associated with the campaign during the primary period. The campaign and the claimant terminated the relationship. A dispute has arisen over the value of the services, whether the services were properly performed, and whether any contractual relationship existed between the parties. The inclusion of \$2500 is the estimated amount we understand the claimant demands and not an admission by the committee that any amount is due to claimant. Claimant listed as anonymous due to nature of relationship between the parties and the expectation of privacy inherent in that relationship. Committee reserves the right to assert additional claims against the claimant not listed above if the claim results in litigation. The failure to enumerate those claims here does not constitute a waiver of them,

Form/Schedule:

Transaction ID: