

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

Joe Wilson for Congress

ADDRESS (number and street)

PO Box 2145

Check if different than previously reported. (ACC)

West Columbia

SC

29171-2145

2. FEC IDENTIFICATION NUMBER ▼

C C00368522

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

SC

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y
09 / 30 / 2014

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 Donald H. Burkett

Signature of Treasurer Donald H. Burkett

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 15 / 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.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Joe Wilson for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	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))....	154267.09	976758.52
(b) Total Contribution Refunds (from Line 20(d))	0.00	4275.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	154267.09	972483.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	129969.82	746652.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	16821.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	129969.82	729831.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	195543.02	
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).....	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

Joe Wilson for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

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).....	37400.00	392099.60
(ii) Unitemized	10867.09	140282.16
(iii) TOTAL of contributions from individuals	48267.09	532381.76
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	106000.00	444376.76
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	154267.09	976758.52
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	16821.41
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	51.58	924.69
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....		
	154318.67	994504.62

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	129969.82	746652.48
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	4275.00
(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	4275.00
21. OTHER DISBURSEMENTS	52500.00	52800.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	182469.82	803727.48

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	223694.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	154318.67
25. SUBTOTAL (add Line 23 and Line 24).....	378012.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	182469.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	195543.02

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
HARRIETTA P. ALLEN

Mailing Address 163 PINWOOD DRIVE

City State Zip Code
CHAPIN SC 29036-8157

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED TEACHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.101924

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KENNETH W. BALDWIN JR.

Mailing Address 40 VERANDA LANE

City State Zip Code
BLYTHEWOOD SC 29016-7602

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.101945

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BENJAMIN B. BOYD ESQ.

Mailing Address 3200 PETIGRU STREET

City State Zip Code
COLUMBIA SC 29204-3622

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.101891

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
THOMAS E. BROWN JR.

Mailing Address **77 COWDRAY PARK**

City **COLUMBIA** State **SC** Zip Code **29223-8125**

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

Name of Employer **LUTHERAN HOMES OF SOUTH CAROLINA** Occupation **HEALTH CARE ADMINISTRATION**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.101949

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SUSAN V. BRUNOFF

Mailing Address **334 W CEDAR STREET**

City **NEW HOLLAND** State **PA** Zip Code **17557-1202**

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.102069

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WALTER J. BUCKERT JR.

Mailing Address **20898 ROYAL VILLA TERRACE**

City **POTOMAC FALLS** State **VA** Zip Code **20165-2499**

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

Name of Employer **WEBCO GENERAL PARTNERSHIP** Occupation **DIRECTOR GOVERNMENT & INDUSTRY AFF**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11.101754

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
WALTER J. BUCKERT JR.

Mailing Address 20898 ROYAL VILLA TERRACE

City POTOMAC FALLS State VA Zip Code 20165-2499

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

Name of Employer WEBCO GENERAL PARTNERSHIP Occupation DIRECTOR GOVERNMENT & INDUSTRY AFI

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA11.101767

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALTER J. BUCKERT JR.

Mailing Address 20898 ROYAL VILLA TERRACE

City POTOMAC FALLS State VA Zip Code 20165-2499

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

Name of Employer WEBCO GENERAL PARTNERSHIP Occupation DIRECTOR GOVERNMENT & INDUSTRY AFI

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11.101844

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
R. BRUCE BURNS

Mailing Address 141 DOUBLE EAGLE COURT

City AIKEN State SC Zip Code 29803-2740

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
 09 / 25 / 2014

Transaction ID : SA11.101951

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

1100.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MERLENE H. BYARS

Mailing Address **PO BOX 3387**

City **WEST COLUMBIA** State **SC** Zip Code **29171-3387**

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
09 / 22 / 2014

Transaction ID : SA11.101835

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLISTON B. COFER JR.

Mailing Address **4001 PINEBROOK ROAD**

City **ALEXANDRIA** State **VA** Zip Code **22310-2144**

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

Name of Employer **WILL COFER ASSOCIATES, INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : SA11.101852

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CARMEN ANA COLLAZO

Mailing Address **6728 ODYSSEY DR NW**

City **HUNTSVILLE** State **AL** Zip Code **35806-3302**

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 **2400.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 22 / 2014

Transaction ID : SA11.101841

Amount of Each Receipt this Period
2400.00
 CONTRIBUTION

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: (check only one)	PAGE 9 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
FRANCISCO JOSE COLLAZO

Mailing Address 6728 ODYSSEY DR NW

City State Zip Code
HUNTSVILLE AL 35806-3302

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

Name of Employer Occupation
COLLAZO ENTERPRISES CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2014

Transaction ID : SA11.101840

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARSHALL E. COOPER

Mailing Address 2105 BEAVER LANE

City State Zip Code
WEST COLUMBIA SC 29169-3701

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

Name of Employer Occupation
SELF EMPLOYED SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.101918

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LESLIE A. COTTER, JR. ESQ.

Mailing Address PO BOX 7788

City State Zip Code
COLUMBIA SC 29202-7788

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

Name of Employer Occupation
RICHARDSON PLOWDEN & ROBINSON,PA ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
202.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.102039

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

2800.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
CAMERON F. CRAWFORD

Mailing Address **20 HILTON GLEN COURT**

City **CHAPIN** State **SC** Zip Code **29036-7525**

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

Name of Employer **SC HOUSE REP. CAUCUS** 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
07 / 28 / 2014

Transaction ID : SA11.101743

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **104 JOHN PRESTON DRIVE**

City **LEXINGTON** State **SC** Zip Code **29072-7714**

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

Name of Employer **DENNY PUBLIC AFFAIRS** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11.101744

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEAN PERRIN DERRICK ESQUIRE

Mailing Address **205 W MAIN STREET**

City **LEXINGTON** State **SC** Zip Code **29072-2633**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.101889

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

1100.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
THOMAS G. FAULDS

Mailing Address 301 WATEREE AVE

City State Zip Code
COLUMBIA SC 29205-3044

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 Y Y
09 / 30 / 2014

Transaction ID : SA11.102038

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

SEE REATTRIBUTION

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

Mailing Address 301 WATEREE AVE

City State Zip Code
COLUMBIA SC 29205-3044

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 Y Y
09 / 30 / 2014

Transaction ID : SA11.102233

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
THOMAS G. FAULDS

Mailing Address 301 WATEREE AVE

City State Zip Code
COLUMBIA SC 29205-3044

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 Y Y
09 / 30 / 2014

Transaction ID : SA11.102038B

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION TO SPOUSE

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

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

2600.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
STEPHEN R. FOWLER

Mailing Address 332 PALMER DRIVE

City Lexington State SC Zip Code 29072-7476

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

Name of Employer SOUTH CAROLINA CREDIT UNION LE Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 02 / 2014

Transaction ID : SA11.101797

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 2253 IRVIN RISINGER ROAD

City Leesville State SC Zip Code 29070-7613

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

Name of Employer SELF EMPLOYED Occupation ELECTRICAL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.102041

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RADWAN S. HALLABA

Mailing Address 610 DAGGETT STREET

City Charleston State SC Zip Code 29492-7990

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

Name of Employer MEDCARE Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2014

Transaction ID : SA11.101883

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

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

2250.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
HENRY C. HARRISON

Mailing Address 1300 RUTHERFORD RD

City GREENVILLE State SC Zip Code 29609-3100

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

Name of Employer AMERICAN SERVICES, INC Occupation OWNER

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
 07 / 25 / 2014

Transaction ID : SA11.101755

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
G. FRANK HARTWAY

Mailing Address 101 HOLGATE DRIVE

City GREENVILLE State SC Zip Code 29615-1052

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.102106

Amount of Each Receipt this Period
 30.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HOKE F. HENDERSON JR.

Mailing Address 842 KILBOURNE ROAD

City COLUMBIA State SC Zip Code 29205-2050

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11.101952

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

580.00

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

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

FOR LINE NUMBER: PAGE 14 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
PHIL B. HOFFMAN

Mailing Address 1601 SEWANEE DRIVE

City WEST COLUMBIA State SC Zip Code 29169-6053

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
 09 / 25 / 2014

Transaction ID : SA11.101898

Amount of Each Receipt this Period
 _____ 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LINDSAY HOLCOMB JR.

Mailing Address 410 CROSSINGHAM ROAD

City MOUNT AIRY State NC Zip Code 27030-9169

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
 _____ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.102017

Amount of Each Receipt this Period
 _____ 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LINDSAY HOLCOMB JR.

Mailing Address 410 CROSSINGHAM ROAD

City MOUNT AIRY State NC Zip Code 27030-9169

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
 _____ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.102035

Amount of Each Receipt this Period
 _____ 100.00
 CONTRIBUTION

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

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

_____ 300.00

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

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

FOR LINE NUMBER: PAGE 15 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
JOEL M. INGEGNO

Mailing Address **2 SPARROW NEST POINT**

City State Zip Code
SAINT HELENA ISLAND SC 29920-3075

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

Name of Employer Occupation
SELF EMPLOYED GASTROENTEROLOGIST

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
09 30 2014

Transaction ID : SA11.102089

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **PO BOX 1249**

City State Zip Code
WAGENER SC 29164-1249

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

Name of Employer Occupation
GARVIN OIL COMPANY, INC. PRESIDENT

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
09 30 2014

Transaction ID : SA11.102024

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KAREN L. JACOBS

Mailing Address **418 LAFAYETTE WAY**

City State Zip Code
CAMDEN SC 29020-1642

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

Name of Employer Occupation
RETIRED RETIRED RN

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 Y
09 25 2014

Transaction ID : SA11.101890

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

1150.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
FRANCES R. JEFFCOAT

Mailing Address **6154 HAMPTON RIDGE ROAD**

City **COLUMBIA** State **SC** Zip Code **29209-1351**

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
09 / 25 / 2014

Transaction ID : SA11.101901

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEBBIE K. JOHNSON

Mailing Address **224 TIGER CIRCLE**

City **GILBERT** State **SC** Zip Code **29054-8779**

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 **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 21 / 2014

Transaction ID : SA11.101785

Amount of Each Receipt this Period
5200.00
 CONTRIBUTION

SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
DEBBIE K. JOHNSON

Mailing Address **224 TIGER CIRCLE**

City **GILBERT** State **SC** Zip Code **29054-8779**

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 **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 21 / 2014

Transaction ID : SA11.101785B

Amount of Each Receipt this Period
-2600.00
 CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

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

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

5300.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MARION KIM JOHNSON

Mailing Address **224 TIGER CIRCLE**

City **GILBERT** State **SC** Zip Code **29054-8779**

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 **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 21 / 2014

Transaction ID : SA11.102255

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
WILLIAM A. JOHNSON

Mailing Address **317 OAKBROOK DRIVE**

City **COLUMBIA** State **SC** Zip Code **29223-8119**

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

Name of Employer **COLUMBIA EYE CLINIC, P.A.** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.101984

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARIE W. KLECKLEY

Mailing Address **3763 MINERAL SPRINGS ROAD**

City **LEXINGTON** State **SC** Zip Code **29073-9222**

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 **475.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.101893

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

300.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
MICHAEL KOGON

Mailing Address 335 GLEN LAKE DRIVE

City ATLANTA State GA Zip Code 30327-4819

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

Name of Employer PULL A PART Occupation IT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 17 / 2014

Transaction ID : SA11.101783

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DONALD A. LAIDLAW

Mailing Address 24 HAMPTON LANE

City BLUFFTON State SC Zip Code 29910-4919

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

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11.101903

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD T. LAUGHRIDGE

Mailing Address 316 JOSEPH WALKER DR

City WEST COLUMBIA State SC Zip Code 29169-6950

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

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2014

Transaction ID : SA11.101858

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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 19 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
FRANCES LAYER

Mailing Address 109 DIVE RIDGE ROAD

City State Zip Code
COLUMBIA SC 29223-5568

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

Name of Employer Occupation
PALMETTO HEALTH BAPTIST HOSPITAL PHARMACIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2014

Transaction ID : SA11.101788

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 27 STADIUM BOULEVARD

City State Zip Code
EAST SETAUKET NY 11733-1062

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

Name of Employer Occupation
JP MORGAN BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : SA11.101854

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES LOUGHLIN

Mailing Address 273 LONG COVE DRIVE

City State Zip Code
HILTON HEAD ISLAND SC 29928-3376

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
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.102050

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

2750.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
DONALD E. LOVETT

Mailing Address **PO BOX 64**
7550 IRMO DRIVE

City **IRMO** State **SC** Zip Code **29063-0064**

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

Name of Employer **LOVETT PROPERTIES, LLC** Occupation **MANAGING MEMBER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SA11.101864

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LOUIS B. LYNN PH.D.

Mailing Address **PO BOX 23285**

City **COLUMBIA** State **SC** Zip Code **29224-3285**

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

Name of Employer **ENVIRO AGSCIENCE, INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SA11.101877

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARGARET MABELITINI

Mailing Address **5902 LAKESHORE DRIVE**

City **COLUMBIA** State **SC** Zip Code **29206-4328**

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
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.101912

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

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

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

375.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
ELIZABETH H. MACINTYRE

Mailing Address **2860 COLBY DRIVE**

City **BOULDER** State **CO** Zip Code **80305-6302**

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 **475.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 14 / 2014

Transaction ID : SA11.101778

Amount of Each Receipt this Period
95.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEANELLE M. MCCAIN

Mailing Address **2120 SHULL AVENUE**

City **GILBERT** State **SC** Zip Code **29054-8616**

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 **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 24 / 2014

Transaction ID : SA11.101876

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RUFUS C. MCENTIRE JR.

Mailing Address **1 LAKE POINT ROAD**

City **COLUMBIA** State **SC** Zip Code **29206-4511**

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

Name of Employer **MCENTIRE PRODUCE** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.102102

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

445.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
OLIVER R. MEISSNER

Mailing Address 110 D STREET SE
#404

City WASHINGTON State DC Zip Code 20003-1823

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

Name of Employer CONSILIO Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : SA11.101853

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 115 LARK COURT

City ALAMO State CA Zip Code 94507-1800

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

Name of Employer GINO MORENA ENTERPRISES Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : SA11.101847

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
F. A. NIMMER JR.

Mailing Address PO BOX 279
138 W SMITH STREET

City RIDGELAND State SC Zip Code 29936-2604

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

Name of Employer F A NIMMER, JR. REAL ESTATE Occupation SELF-EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.101944

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 23 OF 113
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
RAVI C. PATEL
 Mailing Address 5924 OLD WELL HOUSE ROAD
 City State Zip Code
 CHARLOTTE NC 28226-2669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SREE HOTELS CHAIRMAN
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 30 2014
Transaction ID : SA11.101985
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOSEPH PAWLIK
 Mailing Address 1030 BLAKEWAY STREET
 City State Zip Code
 DANIEL ISLAND SC 29492-7946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEDCARE PHYSICIAN
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 24 2014
Transaction ID : SA11.101881
 Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER W. PAYNE
 Mailing Address 1964 BARTON HILL ROAD
 City State Zip Code
 RESTON VA 20191-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HURT, NORTON & ASSOCIATES SENIOR ASSOCIATE
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 25 2014
Transaction ID : SA11.101888
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
E. L. POOSER

Mailing Address **ONE SURREY COURT**

City **COLUMBIA** State **SC** Zip Code **29212-3139**

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

Name of Employer **IMIC HOTELS** Occupation **PRESIDENT & CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.101987

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARGARET C. PRENTICE

Mailing Address **213 CART WAY**

City **BLYTHEWOOD** State **SC** Zip Code **29016-7799**

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
07 / 31 / 2014

Transaction ID : SA11.101761

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDWIN S. PRESNELL

Mailing Address **324 BROAD STREET**

City **AUGUSTA** State **GA** Zip Code **30901-1518**

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

Name of Employer **SRP FEDERAL CREDIT UNION** Occupation **VICE 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
09 / 02 / 2014

Transaction ID : SA11.101798

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

450.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
EDWARD B. PURCELL JR.

Mailing Address **626 REGATTA ROAD**

City **COLUMBIA** State **SC** Zip Code **29212-8802**

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
09 / 24 / 2014

Transaction ID : SA11.101878

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

Mailing Address **6104 COLWYN COURT**

City **GREENSBORO** State **NC** Zip Code **27455-8370**

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

Name of Employer **CAROLINAS CU LEAGUE** Occupation **TRADE ASSN.**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 02 / 2014

Transaction ID : SA11.101790

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES R. RAY

Mailing Address **1444 MULBERRY ROAD**

City **BARNWELL** State **SC** Zip Code **29812-5440**

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
09 / 30 / 2014

Transaction ID : SA11.102064

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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 26 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
BARRY D. RHOADS

Mailing Address **6793 FATHER JOHN COURT**

City **MCLEAN** State **VA** Zip Code **22101-2156**

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

Name of Employer **CASSIDY & ASSOCIATES** Occupation **GOVERNMENT RELATIONS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11.101977

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **29 HIGHBRIDGE CROSSING
APT. 3301**

City **ASHEVILLE** State **NC** Zip Code **28803-4169**

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
09 / 30 / 2014

Transaction ID : SA11.102020

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LAWRENCE E. ROEL

Mailing Address **131 CRAGMOOR DRIVE**

City **ROEBUCK** State **SC** Zip Code **29376-3508**

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

Name of Employer **OPHTHALAROLOGIST** Occupation **EASTSIDE EYE CENTER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11.101974

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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 27 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
J. MICHAEL ROSS R. PH.

Mailing Address **PO BOX 567**
406 LINKS CROSSING DRIVE

City **BLYTHEWOOD** State **SC** Zip Code **29016-0567**

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

Name of Employer **BLYTHEWOOD PHARMACY** Occupation **PHARMACIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 02 / 2014

Transaction ID : SA11.101796

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEPHEN O. ROSSETTI JR.

Mailing Address **5408 DUVALL DRIVE**

City **BETHESDA** State **MD** Zip Code **20816-1872**

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

Name of Employer **MARKQUEST** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11.101758

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS C. ROWLAND JR., M. D.

Mailing Address **74 SWAN POINT TRAIL**

City **GEORGETOWN** State **SC** Zip Code **29440-7038**

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

Name of Employer **RETIRED** Occupation **RETIRED PHYSICIAN**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.101958

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

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

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

900.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
HENRY G. RUTLAND JR.

Mailing Address 1850 LONGWOOD DRIVE

City ORANGEBURG State SC Zip Code 29118-2312

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
 09 / 25 / 2014

Transaction ID : SA11.101896

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

Mailing Address 124 EARECKSON LANE

City STEVENSVILLE State MD Zip Code 21666-3038

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

Name of Employer ADVANTAGE ASSOCIATES INTER. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA11.101770

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BILL SARPALIUS

Mailing Address 124 EARECKSON LANE

City STEVENSVILLE State MD Zip Code 21666-3038

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

Name of Employer ADVANTAGE ASSOCIATES INTER. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11.101848

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1100.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
CLYDE A. SELLECK III

Mailing Address **501 CHAMBLEE BOULEVARD**

City **GREENVILLE** State **SC** Zip Code **29615-6740**

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

Name of Employer **MICHELIN NORTH AMERICA** Occupation **CHAIRMAN & PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 10 / 2014

Transaction ID : SA11.101737

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID K. SHIMP

Mailing Address **1551 BEN SAWYER BOULEVARD
UNIT 4B**

City **MT PLEASANT** State **SC** Zip Code **29464-5506**

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

Name of Employer **MAYBANK INDUSTRIES, LLC** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 24 / 2014

Transaction ID : SA11.101873

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM SIMONS

Mailing Address **4815 HABERSHAM LANE**

City **SUMMERVILLE** State **SC** Zip Code **29485-8579**

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

Name of Employer **TRIDENT REAL ESTATE** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11.101812

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

1500.00

**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 30 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
JOHN D. SISARIO

Mailing Address 1024 LEESBURG ROAD

City State Zip Code
COLUMBIA SC 29209-2131

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
225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.101905

Amount of Each Receipt this Period
50.00
CONTRIBUTION

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

Mailing Address PO BOX 11453

City State Zip Code
COLUMBIA SC 29211-1453

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

Name of Employer Occupation
DIVERSIFIED DEVELOPMENT PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.101991

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JACQUELINE C. SOX

Mailing Address 916 CAMELOT DRIVE

City State Zip Code
WEST COLUMBIA SC 29170-2506

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

Name of Employer Occupation
SOX & SONS CONST. CO. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2014

Transaction ID : SA11.101831

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
COLEMAN THOMPSON

Mailing Address 1313 CROWN REACH

City MT. PLEASANT State SC Zip Code 29466-7921

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

Name of Employer HUNTER TRANSPORTATION CO., INC. Occupation TRUCKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 24 / 2014

Transaction ID : SA11.101884

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TOM F. UTROSKA

Mailing Address 106 HIGH POINTE DRIVE

City BLYTHEWOOD State SC Zip Code 29016-7607

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 02 / 2014

Transaction ID : SA11.101801

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD C. WHITESIDE

Mailing Address 220 HARWELL DRIVE

City COLUMBIA State SC Zip Code 29223-8104

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
 09 / 30 / 2014

Transaction ID : SA11.102031

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

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 32 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM GLENN YARBOROUGH JR.

Mailing Address PO BOX 828

City State Zip Code
MC LEAN VA 22101-0828

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

Name of Employer Occupation
WGY & ASSOCIATES GOVERNMENT RELATIONS

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
07 / 25 / 2014

Transaction ID : SA11.101757

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

37400.00

**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 113
	<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	

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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL

Mailing Address 4301 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2014

Transaction ID : SA11.101802

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (CRNA PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 550

City WASHINGTON State DC Zip Code 20001-1408

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA11.101769

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN BAKERS ASSOCIATION PAC

Mailing Address 1300 I STREET NW
SUITE 700

City WASHINGTON State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C** C00004275

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 Y
 09 / 25 / 2014

Transaction ID : SA11.101909

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN FINANCIAL SERVICES ASSOCIATION PAC

Mailing Address 919 18TH STREET NW
SUITE 300

City WASHINGTON State DC Zip Code 20006-5526

FEC ID number of contributing federal political committee. **C** C00038604

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
08 / 07 / 2014

Transaction ID : SA11.101771

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC

Mailing Address PALLADIAN CORPORATE CENTER I
220 LEIGH FARM ROAD

City DURHAM State NC Zip Code 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

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
09 / 30 / 2014

Transaction ID : SA11.102101

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN PODIATRIC MEDICAL ASSOCIATION PAC

Mailing Address 9312 OLD GEORGETOWN ROAD

City BETHESDA State MD Zip Code 20814-1621

FEC ID number of contributing federal political committee. **C** C00008839

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
07 / 31 / 2014

Transaction ID : SA11.101760

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

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

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

8500.00

**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 35 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
AREVA INC. PAC

Mailing Address **7475 WISCONSIN AVENUE
SUITE 1100**

City **BETHESDA** State **MD** Zip Code **20814-3424**

FEC ID number of contributing federal political committee. **C C00395285**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 05 / 2014

Transaction ID : SA11.101804

Amount of Each Receipt this Period
 _____ **1000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASSOCIATION OF PRIVATE SECTOR COLLEGES AND UNIVERSITIES PAC

Mailing Address **1101 CONNECTICUT AVENUE NW
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20036-4346**

FEC ID number of contributing federal political committee. **C C00213066**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.102099

Amount of Each Receipt this Period
 _____ **1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address **1625 PRINCE STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314-2882**

FEC ID number of contributing federal political committee. **C C00250399**

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
07 / 15 / 2014

Transaction ID : SA11.101742

Amount of Each Receipt this Period
 _____ **1500.00**

CONTRIBUTION

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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
BAE SYSTEMS USA PAC

Mailing Address 1101 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22209-2211

FEC ID number of contributing federal political committee. **C C00281212**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11.102097

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BLOOMIN' BRANDS, INC. PAC

Mailing Address 2202 N. WESTSHORE BOULEVARD
5TH FLOOR

City TAMPA State FL Zip Code 33607-5747

FEC ID number of contributing federal political committee. **C C00253153**

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
 09 / 30 / 2014

Transaction ID : SA11.102148

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRANCH BANKING & TRUST COMPANY PAC

Mailing Address PO BOX 1290

City WINSTON SALEM State NC Zip Code 27102-1290

FEC ID number of contributing federal political committee. **C C00075291**

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
 07 / 28 / 2014

Transaction ID : SA11.101745

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

5000.00

**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 113
	<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)
Joe Wilson for Congress

A. CASC (COMM. FOR THE ADV. OF SE COTTON)
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 PROMINENCE CT
 SUITE 110
 City DAWSONVILLE State GA Zip Code 30534-8940
 FEC ID number of contributing federal political committee. **C C00300426**
 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
 09 / 16 / 2014
Transaction ID : SA11.101814
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. CATERPILLAR PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 NE ADAMS STREET
 City PEORIA State IL Zip Code 61629-0001
 FEC ID number of contributing federal political committee. **C C00148031**
 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
 09 / 23 / 2014
Transaction ID : SA11.101843
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. CB&I POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1050 K STREET NW
 SUITE 620
 City WASHINGTON State DC Zip Code 20001-4456
 FEC ID number of contributing federal political committee. **C C00104885**
 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
 09 / 23 / 2014
Transaction ID : SA11.101849
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

4000.00

**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 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
CERNER CORPORATION PAC

Mailing Address 2800 ROCKCREEK PARKWAY

City KANSAS CITY State MO Zip Code 64117-2521

FEC ID number of contributing federal political committee. **C C00410589**

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
 09 / 23 / 2014

Transaction ID : SA11.101855

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CGI TECHNOLOGIES AND SOLUTIONS INC. PAC

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX State VA Zip Code 22030-6051

FEC ID number of contributing federal political committee. **C C00354241**

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
 09 / 05 / 2014

Transaction ID : SA11.101805

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CGI TECHNOLOGIES AND SOLUTIONS INC. PAC

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX State VA Zip Code 22030-6051

FEC ID number of contributing federal political committee. **C C00354241**

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
 09 / 23 / 2014

Transaction ID : SA11.101850

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 39 OF 113

(check only one)

<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
CSX CORP. GOOD GOVERNMENT FUND

Mailing Address 1331 PENNSYLVANIA AVENUE NW
SUITE 560

City WASHINGTON State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2014

Transaction ID : SA11.101765

Amount of Each Receipt this Period
3000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

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
09 / 02 / 2014

Transaction ID : SA11.101795

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE

Mailing Address 412 FIRST STREE SE

City WASHINGTON State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00040998

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
09 / 22 / 2014

Transaction ID : SA11.101834

Amount of Each Receipt this Period
5000.00
CONTRIBUTION

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

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

13000.00

**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 40 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 550 S TRYON STREET

City CHARLOTTE State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.101753

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 550 S TRYON STREET

City CHARLOTTE State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11.101842

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL PAC

Mailing Address 50 F STREET NW
SUITE 900

City WASHINGTON State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11.101747

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4000.00

**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 41 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
FRATERNITY & SORORITY POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 3435**

City **ALEXANDRIA** State **VA** Zip Code **22302-0435**

FEC ID number of contributing federal political committee. **C C00410068**

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
09 / 30 / 2014

Transaction ID : SA11.102145

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address **1299 PENNSYLVANIA AVENUE NW
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20004-2414**

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

Date of Receipt
 M M / D D / Y Y Y Y
09 / 25 / 2014

Transaction ID : SA11.101959

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HARRIS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **600 MARYLAND AVENUE SW
SUITE 850E**

City **WASHINGTON** State **DC** Zip Code **20024-2566**

FEC ID number of contributing federal political committee. **C C00100321**

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
09 / 30 / 2014

Transaction ID : SA11.102147

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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: (check only one)	PAGE 42 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 500 W

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

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
 09 / 30 / 2014

Transaction ID : SA11.102060

Amount of Each Receipt this Period
 4000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 500 W

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

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
 09 / 30 / 2014

Transaction ID : SA11.102144

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HUNTINGTON INGALLS INDUSTRIES PAC (SHIPPAC)

Mailing Address 300 M STREET SE
SUITE 350

City WASHINGTON State DC Zip Code 20003-3436

FEC ID number of contributing federal political committee. **C** C00325092

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11.101756

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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 43 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 600 14TH STREET NW
SUITE 800

City WASHINGTON State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C C00236489**

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
 07 / 31 / 2014

Transaction ID : SA11.101764

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LEIDOS INC. PAC

Mailing Address 301 LABORATORY ROAD

City OAK RIDGE State TN Zip Code 37830-6912

FEC ID number of contributing federal political committee. **C C00546234**

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
 09 / 23 / 2014

Transaction ID : SA11.101851

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF BROADCASTERS PAC

Mailing Address 1771 N STREET NW

City WASHINGTON State DC Zip Code 20036-2800

FEC ID number of contributing federal political committee. **C C00009985**

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
 08 / 07 / 2014

Transaction ID : SA11.101766

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 44 OF 113
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Joe Wilson for Congress

A. NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 15TH STREET NW
 City WASHINGTON State DC Zip Code 20005-2899
 FEC ID number of contributing federal political committee. **C C0000901**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 02 / 2014
Transaction ID : SA11.101792
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 N MICHIGAN AVENUE
 City CHICAGO State IL Zip Code 60611-4011
 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
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11.102096
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. NATIONAL MULTI HOUSING COUNCIL PAC (NMHC PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 M STREET SUITE 540
 City WASHINGTON State DC Zip Code 20036-5816
 FEC ID number of contributing federal political committee. **C C00130773**
 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
 08 / 07 / 2014
Transaction ID : SA11.101772
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

4500.00

**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 45 OF 113
	<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)
Joe Wilson for Congress

A. NATIONAL MULTI HOUSING COUNCIL PAC (NMHC PAC)

Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL PAC (NMHC PAC)

Mailing Address 1850 M STREET
SUITE 540

City WASHINGTON State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C** C00130773

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
 09 / 30 / 2014

Transaction ID : SA11.102119

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial)
NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 410 1ST STREET SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003-1867

FEC ID number of contributing federal political committee. **C** C00053553

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
 09 / 05 / 2014

Transaction ID : SA11.101806

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. NATSO INC. NATSO PAC

Full Name (Last, First, Middle Initial)
NATSO INC. NATSO PAC

Mailing Address 1330 BRADDOCK PLACE
SUITE 501

City ALEXANDRIA State VA Zip Code 22314-1650

FEC ID number of contributing federal political committee. **C** C00097865

Name of Employer Occupation

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
 09 / 30 / 2014

Transaction ID : SA11.102025

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
NAUS-PAC

Mailing Address 5535 HEMPSTEAD WAY

City Springfield State VA Zip Code 22151-4010

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
9000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : SA11.101768

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NAUS-PAC

Mailing Address 5535 HEMPSTEAD WAY

City Springfield State VA Zip Code 22151-4010

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
9000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11.101845

Amount of Each Receipt this Period
 3500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NFIB SAFE TRUST PAC

Mailing Address 1201 F STREET NW SUITE 200

City Washington State DC Zip Code 20004-1221

FEC ID number of contributing federal political committee. **C C00101105**

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
 09 / 24 / 2014

Transaction ID : SA11.101862

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

5500.00

**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 47 OF 113	
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
NUCOR POLITICAL ACTION COMMITTEE

Mailing Address 1915 REXFORD ROAD

City State Zip Code
CHARLOTTE NC 28211-3465

FEC ID number of contributing federal political committee. **C C00379628**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
09 30 2014

Transaction ID : SA11.102098

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PETROLEUM MARKETERS ASSN. OF AMERICA/SMALL BUSINESS COMM.

Mailing Address 1901 FORT MYER DRIVE

City State Zip Code
ARLINGTON VA 22209-1606

FEC ID number of contributing federal political committee. **C C00035204**

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
09 30 2014

Transaction ID : SA11.101986

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AAOS

Mailing Address 317 MASSACHUSETTS AVENUE NE
FLOOR 1

City State Zip Code
WASHINGTON DC 20002-5769

FEC ID number of contributing federal political committee. **C C00343137**

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
09 30 2014

Transaction ID : SA11.102146

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

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

8000.00

**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 48 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 WILSON BOULEVARD
SUITE 1500

City ARLINGTON State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 14 / 2014

Transaction ID : SA11.101780

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 WILSON BOULEVARD
SUITE 1500

City ARLINGTON State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11.101839

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SIERRA NEVADA CORPORATION PAC

Mailing Address PO BOX 50193

City SPARKS State NV Zip Code 89435-0193

FEC ID number of contributing federal political committee. **C C00367995**

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
 09 / 30 / 2014

Transaction ID : SA11.102100

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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: (check only one)	PAGE 49 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
TD BANK, N.A. POLITICAL ACTION COMMITTEE

Mailing Address **317 MADISON AVENUE
2ND FLOOR**

City **NEW YORK** State **NY** Zip Code **10017-7953**

FEC ID number of contributing federal political committee. **C C00501429**

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
08 / 07 / 2014

Transaction ID : SA11.101773

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **1200 WILSON BOULEVARD**

City **ARLINGTON** State **VA** Zip Code **22209-2300**

FEC ID number of contributing federal political committee. **C C00142711**

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
08 / 27 / 2014

Transaction ID : SA11.101787

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **1200 WILSON BOULEVARD**

City **ARLINGTON** State **VA** Zip Code **22209-2300**

FEC ID number of contributing federal political committee. **C C00142711**

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
09 / 30 / 2014

Transaction ID : SA11.102062

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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: (check only one)	PAGE 50 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
TRIUMPH GROUP INC. PAC

Mailing Address **PO BOX 655907**
MAIL STATION 220-07

City **DALLAS** State **TX** Zip Code **75265-5907**

FEC ID number of contributing federal political committee. **C C00361949**

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
09 / 23 / 2014

Transaction ID : SA11.101846

Amount of Each Receipt this Period
5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORPORATION PAC

Mailing Address **1101 PENNSYLVANIA AVENUE NW**
FLOOR 10

City **WASHINGTON** State **DC** Zip Code **20004-2566**

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 24 / 2014

Transaction ID : SA11.101880

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UPS PAC

Mailing Address **55 GLENLAKE PARKWAY NE**

City **ATLANTA** State **GA** Zip Code **30328-3474**

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
6560.50

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11.102061

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

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

9500.00

**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 51 OF 113
	<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)
Joe Wilson for Congress

A. Full Name (Last, First, Middle Initial)
USAA EMPLOYEE PAC

Mailing Address 9800 FREDERICKSBURG ROAD

City SAN ANTONIO State TX Zip Code 78288-0001

FEC ID number of contributing federal political committee. **C** C00164145

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
 09 / 05 / 2014

Transaction ID : SA11.101809

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PA

Mailing Address 1300 I STREET NW
FLOOR 4

City WASHINGTON State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C** C00186288

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
 09 / 02 / 2014

Transaction ID : SA11.101793

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WESTINGHOUSE ELECTRIC COMPANY PAC

Mailing Address 900 19TH STREET NW
SUITE 350

City WASHINGTON State DC Zip Code 20006-2125

FEC ID number of contributing federal political committee. **C** C00346361

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
 09 / 05 / 2014

Transaction ID : SA11.101803

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

7000.00

106000.00

**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 52 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. DONA M. AYERS		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address 2914 BAGNAL DR		Amount of Each Disbursement this Period 6,984.54 Transaction ID : SB17.I8185
City COLUMBIA	State SC	
Zip Code 29204-2624	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 003
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. CLAYTON CLARKSON		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 749 SILVER BLUFF RD APT. G85		Amount of Each Disbursement this Period 494.50 Transaction ID : SB17.I8247
City AIKEN	State SC	
Zip Code 29803-6046	Purpose of Disbursement MILEAGE	Category/ Type 002
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. CLAYTON CLARKSON		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 749 SILVER BLUFF RD APT. G85		Amount of Each Disbursement this Period 611.35 Transaction ID : SB17.I8321
City AIKEN	State SC	
Zip Code 29803-6046	Purpose of Disbursement MILEAGE	Category/ Type 002
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).....	6984.54
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 53 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CAROL B. DAVIS			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 116 MELODY LANE			Amount of Each Disbursement this Period 326.33 Transaction ID : SB17.I8248
City CAYCE	State SC	Zip Code 29033-2322	
Purpose of Disbursement MILEAGE		Category/ Type 002	
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. CAROL B. DAVIS			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 116 MELODY LANE			Amount of Each Disbursement this Period 118.88 Transaction ID : SB17.I8323
City CAYCE	State SC	Zip Code 29033-2322	
Purpose of Disbursement MILEAGE		Category/ Type 002	
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. JONATHAN M. DAY			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 13081 TRIPLE CROWN LOOP			Amount of Each Disbursement this Period 722.84 Transaction ID : SB17.I8249
City GAINESVILLE	State VA	Zip Code 20155-6646	
Purpose of Disbursement REIMBURSEMENT OF EXPENSES		Category/ Type 001	
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).....	1168.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. JONATHAN M. DAY			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address 13081 TRIPLE CROWN LOOP			Amount of Each Disbursement this Period 101.92	
City GAINESVILLE	State VA	Zip Code 20155-6646	Transaction ID : SB17.I8263	
Purpose of Disbursement MILEAGE		Category/ Type 002	[MEMO ITEM]	
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. COSTCO			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address 1200 S FERN ST			Amount of Each Disbursement this Period 465.94	
City ARLINGTON	State VA	Zip Code 22202-2862	Transaction ID : SB17.I8264	
Purpose of Disbursement FOOD & BEVERAGE		Category/ Type 003	[MEMO ITEM]	
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. SPRINT			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address PO BOX 4191			Amount of Each Disbursement this Period 154.98	
City CAROL STREAM	State IL	Zip Code 60197-4191	Transaction ID : SB17.I8265	
Purpose of Disbursement CELL PHONE		Category/ Type 001	[MEMO ITEM]	
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).....	0.00
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 55 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. JONATHAN M. DAY		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 13081 TRIPLE CROWN LOOP		Amount of Each Disbursement this Period 325.74 Transaction ID : SB17.I8267
City GAINESVILLE State VA Zip Code 20155-6646	Purpose of Disbursement FOOD & BEVERAGE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HUNAN DYNASTY		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 215 PENNSYLVANIA AVENUE SE		Amount of Each Disbursement this Period 325.74 Transaction ID : SB17.I8268 [MEMO ITEM]
City WASHINGTON State DC Zip Code 20003-1155	Purpose of Disbursement FOOD & BEVERAGE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MARK FERGUSON		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 213 BUCK POINT COURT		Amount of Each Disbursement this Period 243.10 Transaction ID : SB17.I8252
City AIKEN State SC Zip Code 29803-8565	Purpose of Disbursement MILEAGE 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	568.84
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 56 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ALLEN H. GRIER		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 675 OAK MEADOW LN		Amount of Each Disbursement this Period 272.27 Transaction ID : SB17.I8255
City AIKEN	State SC	
Zip Code 29803-8741	Purpose of Disbursement MILEAGE	Category/ Type 002
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. AUSTIN MCCULLOUGH		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 756 POST OAK DRIVE		Amount of Each Disbursement this Period 303.44 Transaction ID : SB17.I8257
City MT PLEASANT	State SC	
Zip Code 29464-4966	Purpose of Disbursement MILEAGE	Category/ Type 002
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. JOHN T. METTS		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 4658 PAMLICO CIR		Amount of Each Disbursement this Period 401.67 Transaction ID : SB17.I8324
City COLUMBIA	State SC	
Zip Code 29206-1023	Purpose of Disbursement MILEAGE	Category/ Type 002
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).....	977.38
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 57 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PAM ZARESK		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address 83 COLUMBUS ST		Amount of Each Disbursement this Period 622.66
City CHARLESTON	State SC	
Zip Code 29403-4813	Purpose of Disbursement FOOD & BEVERAGE REIMBURSEMENT	Transaction ID : SB17.I8188
Candidate Name	Category/Type 003	
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. HARBOUR CLUB - CHARLESTON		Date of Disbursement MM / DD / YYYY 05 / 29 / 2014
Mailing Address 35 PRIOLEAU STREET		Amount of Each Disbursement this Period 622.66
City CHARLESTON	State SC	
Zip Code 29401-2110	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I8189
Candidate Name	Category/Type 003	
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:		
		[MEMO ITEM] REIMBURSEMENT TO PAM ZARESK

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 10901.25
City NOTTINGHAM	State MD	
Zip Code 21236-4907	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I8167
Candidate Name	Category/Type 001	
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).....	11523.91
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 58 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CLAYTON CLARKSON		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 749 SILVER BLUFF RD APT. G85		Amount of Each Disbursement this Period 664.29
City AIKEN	State SC	
Zip Code 29803-6046	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I8169 [MEMO ITEM]
Candidate Name	001 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. ELIZABETH CONATSER		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PO BOX 29576		Amount of Each Disbursement this Period 3000.00
City WASHINGTON	State DC	
Zip Code 20017-0776	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I8170 [MEMO ITEM]
Candidate Name	001 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. CAROL B. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 116 MELODY LANE		Amount of Each Disbursement this Period 2036.68
City CAYCE	State SC	
Zip Code 29033-2322	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I8171 [MEMO ITEM]
Candidate Name	001 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).....	

**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 59 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. JONATHAN M. DAY			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 13081 TRIPLE CROWN LOOP			Amount of Each Disbursement this Period 2000.00	
City GAINESVILLE	State VA	Zip Code 20155-6646	Transaction ID : SB17.I8172	
Purpose of Disbursement PAYROLL		Category/ Type 001	[MEMO ITEM]	
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. MS. CAROLINE C DELLENEY			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 114 9TH STREET SE			Amount of Each Disbursement this Period 230.20	
City WASHINGTON	State DC	Zip Code 20003-1377	Transaction ID : SB17.I8173	
Purpose of Disbursement PAYROLL		Category/ Type 001	[MEMO ITEM]	
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. ALLEN H. GRIER			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014	
Mailing Address 675 OAK MEADOW LN			Amount of Each Disbursement this Period 664.29	
City AIKEN	State SC	Zip Code 29803-8741	Transaction ID : SB17.I8174	
Purpose of Disbursement PAYROLL		Category/ Type 001	[MEMO ITEM]	
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).....	0.00
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 60 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. JOHN T. METTS		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 4658 PAMLICO CIR		Amount of Each Disbursement this Period 218.79
City COLUMBIA State SC Zip Code 29206-1023	Purpose of Disbursement PAYROLL	
Candidate Name	001 Category/ Type	Transaction ID : SB17.I8175 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. ALEXANDER F. MORRIS		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 1447 C AVE		Amount of Each Disbursement this Period 2087.00
City WEST COLUMBIA State SC Zip Code 29169-6104	Purpose of Disbursement PAYROLL	
Candidate Name	001 Category/ Type	Transaction ID : SB17.I8176 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ADP		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 2386.01
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	001 Category/ Type	Transaction ID : SB17.I8168
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2386.01
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 61 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 11506.75
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL Category/Type 001	
Candidate Name		Transaction ID : SB17.I8298
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. DONA M. AYERS		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 2914 BAGNAL DR		Amount of Each Disbursement this Period 2500.00
City COLUMBIA State SC Zip Code 29204-2624	Purpose of Disbursement PAYROLL Category/Type 001	
Candidate Name		Transaction ID : SB17.I8299
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. CLAYTON CLARKSON		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 749 SILVER BLUFF RD APT. G85		Amount of Each Disbursement this Period 664.30
City AIKEN State SC Zip Code 29803-6046	Purpose of Disbursement PAYROLL Category/Type 001	
Candidate Name		Transaction ID : SB17.I8300
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:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	11506.75
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 62 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ELIZABETH CONATSER		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO BOX 29576		Amount of Each Disbursement this Period 3000.00
City WASHINGTON	State DC	Zip Code 20017-0776
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Transaction ID : SB17.I8301
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) B. CAROL B. DAVIS		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 116 MELODY LANE		Amount of Each Disbursement this Period 1469.93
City CAYCE	State SC	Zip Code 29033-2322
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Transaction ID : SB17.I8302
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) C. JONATHAN M. DAY		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 13081 TRIPLE CROWN LOOP		Amount of Each Disbursement this Period 2000.00
City GAINESVILLE	State VA	Zip Code 20155-6646
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		Transaction ID : SB17.I8304
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[MEMO ITEM]
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).....	

**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 63 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. MS. CAROLINE C DELLENEY		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 114 9TH STREET SE		Amount of Each Disbursement this Period 230.21
City WASHINGTON State DC Zip Code 20003-1377	Purpose of Disbursement PAYROLL Category/Type 001	
Candidate Name		Transaction ID : SB17.I8303 [MEMO ITEM]
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. ALLEN H. GRIER		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 675 OAK MEADOW LN		Amount of Each Disbursement this Period 446.75
City AIKEN State SC Zip Code 29803-8741	Purpose of Disbursement PAYROLL Category/Type 001	
Candidate Name		Transaction ID : SB17.I8305 [MEMO ITEM]
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. AUSTIN MCCULLOUGH		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 756 POST OAK DRIVE		Amount of Each Disbursement this Period 1195.56
City MT PLEASANT State SC Zip Code 29464-4966	Purpose of Disbursement PAYROLL Category/Type 001	
Candidate Name		Transaction ID : SB17.I8306 [MEMO ITEM]
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).....	

**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 64 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 1613.73 Transaction ID : SB17.I8307
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL TAXES Category/Type 001	
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. ADP		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 89.00 Transaction ID : SB17.I8311
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL FEES Category/Type 001	
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. ADP		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 10847.89 Transaction ID : SB17.I8330
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL Category/Type 001	
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).....	12550.62
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 65 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. DONA M. AYERS		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 2914 BAGNAL DR		Amount of Each Disbursement this Period 2500.00
City COLUMBIA	State SC Zip Code 29204-2624	
Purpose of Disbursement PAYROLL	Category/Type 001	Transaction ID : SB17.I8336 [MEMO ITEM]
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. CLAYTON CLARKSON		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 749 SILVER BLUFF RD APT. G85		Amount of Each Disbursement this Period 664.29
City AIKEN	State SC Zip Code 29803-6046	
Purpose of Disbursement PAYROLL	Category/Type 001	Transaction ID : SB17.I8337 [MEMO ITEM]
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. ELIZABETH CONATSER		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address PO BOX 29576		Amount of Each Disbursement this Period 3000.00
City WASHINGTON	State DC Zip Code 20017-0776	
Purpose of Disbursement PAYROLL	Category/Type 001	Transaction ID : SB17.I8338 [MEMO ITEM]
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).....	0.00
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 66 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CAROL B. DAVIS			Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 116 MELODY LANE			Amount of Each Disbursement this Period 2005.03
City CAYCE	State SC	Zip Code 29033-2322	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I8339 [MEMO ITEM]
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. JONATHAN M. DAY			Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 13081 TRIPLE CROWN LOOP			Amount of Each Disbursement this Period 2000.00
City GAINESVILLE	State VA	Zip Code 20155-6646	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I8340 [MEMO ITEM]
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. MS. CAROLINE C DELLENEY			Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 114 9TH STREET SE			Amount of Each Disbursement this Period 230.20
City WASHINGTON	State DC	Zip Code 20003-1377	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I8341 [MEMO ITEM]
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).....	0.00
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 67 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. MARK FERGUSON		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 213 BUCK POINT COURT		Amount of Each Disbursement this Period 375.18
City AIKEN	State SC	
Zip Code 29803-8565	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I8342
Candidate Name	001 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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ADP		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 1350.71
City NOTTINGHAM	State MD	
Zip Code 21236-4907	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I8331
Candidate Name	001 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. ADP		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 89.00
City NOTTINGHAM	State MD	
Zip Code 21236-4907	Purpose of Disbursement PAYROLL FEES	Transaction ID : SB17.I8402
Candidate Name	001 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).....	1439.71
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 68 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. ADP		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.I8404
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL FEES Candidate Name Category/Type 001	
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. ADP		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 89.00 Transaction ID : SB17.I8449
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL FEES Candidate Name Category/Type 001	
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. ADP		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address 8094 SANDPIPER CIRCLE		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.I8450
City NOTTINGHAM State MD Zip Code 21236-4907	Purpose of Disbursement PAYROLL FEES Candidate Name Category/Type 001	
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).....	117.00
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 69 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. AIKEN COUNTY REPUBLICAN PARTY			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 769 BOARDMAN RD			Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I8309
City AIKEN	State SC	Zip Code 29803-5405	
Purpose of Disbursement RENT		Category/ Type 001	
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. AIKEN LEADER			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 154 MAIN ST S			Amount of Each Disbursement this Period 259.97 Transaction ID : SB17.I8244
City WAGENER	State SC	Zip Code 29164-8932	
Purpose of Disbursement AD		Category/ Type 004	
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. AIKEN STANDARD			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address PO BOX 456			Amount of Each Disbursement this Period 3041.73 Transaction ID : SB17.I8237
City AIKEN	State SC	Zip Code 29802-0456	
Purpose of Disbursement AD		Category/ Type 004	
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)	4301.70
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 70 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address PO BOX 105262		Amount of Each Disbursement this Period 131.28
City ATLANTA State GA Zip Code 30348-5262	Purpose of Disbursement TELEPHONE/INTERNET	
Candidate Name	Category/Type 001	Transaction ID : SB17.I8360
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. BARNWELL COUNTY CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO BOX 898		Amount of Each Disbursement this Period 80.00
City BARNWELL State SC Zip Code 29812-0898	Purpose of Disbursement MEMBERSHIP DUES	
Candidate Name	Category/Type 001	Transaction ID : SB17.I8245
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. BEST PROPERTIES		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1710 SUNSET BLVD		Amount of Each Disbursement this Period 495.00
City WEST COLUMBIA State SC Zip Code 29169-5940	Purpose of Disbursement RENT	
Candidate Name	Category/Type 001	Transaction ID : SB17.I8164
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).....	706.28
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 71 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. BEST PROPERTIES		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1710 SUNSET BLVD		Amount of Each Disbursement this Period 566.57
City WEST COLUMBIA	State SC	Zip Code 29169-5940
Purpose of Disbursement RENT	Category/Type 001	
Candidate Name	Transaction ID : SB17.I8246	
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. BEST PROPERTIES		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 1710 SUNSET BLVD		Amount of Each Disbursement this Period 495.00
City WEST COLUMBIA	State SC	Zip Code 29169-5940
Purpose of Disbursement RENT	Category/Type	
Candidate Name	Transaction ID : SB17.I8320	
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. BRANCH BANKING & TRUST COMPANY		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 1909 K STREET NW		Amount of Each Disbursement this Period 10.00
City WASHINGTON	State DC	Zip Code 20006-1152
Purpose of Disbursement BANK SERVICE CHARGE	Category/Type 001	
Candidate Name	Transaction ID : SB17.I8312	
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).....	1071.57
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 72 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. BRANCH BANKING & TRUST COMPANY		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 1909 K STREET NW		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.I8403
City WASHINGTON State DC Zip Code 20006-1152	Purpose of Disbursement BANK SERVICE CHARGE Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.I8451
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. BRANCH BANKING & TRUST COMPANY		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 1909 K STREET NW		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.I8451
City WASHINGTON State DC Zip Code 20006-1152	Purpose of Disbursement BANK SERVICE FEE Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 390.00 Transaction ID : SB17.I8322
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. C.O.W. COMMUNICATIONS, L.L.P.		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address PO BOX 210035		Amount of Each Disbursement this Period 390.00 Transaction ID : SB17.I8322
City COLUMBIA State SC Zip Code 29221-0035	Purpose of Disbursement UTILITY Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 430.00
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).....	430.00
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 73 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. DUPRE CATERING AND EVENTS			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014		
Mailing Address 316 SENATE STREET			Amount of Each Disbursement this Period 3868.01		
City COLUMBIA	State SC	Zip Code 29201-3032	Transaction ID : SB17.I8250		
Purpose of Disbursement CATERING		Category/ Type 003			
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. FREE TIMES			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014		
Mailing Address PO BOX 8295			Amount of Each Disbursement this Period 761.25		
City COLUMBIA	State SC	Zip Code 29202-8295	Transaction ID : SB17.I8234		
Purpose of Disbursement AD		Category/ Type 004			
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. GINN SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014		
Mailing Address 9 POCOSIN COURT			Amount of Each Disbursement this Period 1227.45		
City ELGIN	State SC	Zip Code 29045-8223	Transaction ID : SB17.I8253		
Purpose of Disbursement PRINTING		Category/ Type 006			
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).....	5856.71
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 74 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. GREATER LEXINGTON CHAMBER OF COMMERCE			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO BOX 44			Amount of Each Disbursement this Period 145.00 Transaction ID : SB17.I8254
City LEXINGTON	State SC	Zip Code 29071-0044	
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type 001	
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. M STREET INSIGHT			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 3039 M ST NW #3			Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.I8256
City WASHINGTON	State DC	Zip Code 20007-3759	
Purpose of Disbursement RESEARCH SERVICES		Category/ Type 005	
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. MAIL MARKETING STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address PO BOX 5497			Amount of Each Disbursement this Period 3712.32 Transaction ID : SB17.I8361
City COLUMBIA	State SC	Zip Code 29250-5497	
Purpose of Disbursement PRINTING & POSTAGE		Category/ Type 006	
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).....	11357.32
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 75 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 07 / 14 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.I8236
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD CHARGEBACK FEE Category/Type 003	
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. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 07 / 18 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 29.00 Transaction ID : SB17.I8238
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
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. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 07 / 23 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.I8241
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
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).....	59.00
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 76 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.I8243
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 0.20 Transaction ID : SB17.I8315
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 08 / 17 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.I8316
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	80.20
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 77 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 08 / 18 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.52
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type 003	Transaction ID : SB17.I8317
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. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 08 / 21 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 208.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type 003	Transaction ID : SB17.I8318
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. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 20.00
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type 003	Transaction ID : SB17.I8319
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).....	229.52
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 78 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.I8333
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.40 Transaction ID : SB17.I8334
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX, INC.		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.I8359
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12.40
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 79 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.I8363
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.I8364
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 10.60 Transaction ID : SB17.I8365
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
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).....	21.60
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 80 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.I8366
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Category/Type 003	
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 22.00 Transaction ID : SB17.I8367
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Category/Type 003	
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.I8368
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Category/Type 003	
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).....	38.00
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 81 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 2.00 Transaction ID : SB17.I8369
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Category/Type 003	
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.I8370
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Category/Type 003	
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.I8371
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Candidate Name Category/Type 003	
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).....	23.00
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 82 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.I8373
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 30.60 Transaction ID : SB17.I8374
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.I8375
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 003	
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).....	32.60
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 83 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 12.32
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type 003	Transaction ID : SB17.I8376
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. PIRYX, INC.		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 144 2ND STREET FLOOR 1		Amount of Each Disbursement this Period 166.80
City SAN FRANCISCO State CA Zip Code 94105-3718	Purpose of Disbursement CREDIT CARD MERCHANT FEE	
Candidate Name	Category/Type 003	Transaction ID : SB17.I8378
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. PUSH DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO BOX 7431		Amount of Each Disbursement this Period 1500.00
City COLUMBIA State SC Zip Code 29202-7431	Purpose of Disbursement ONLINE FUNDRAISING	
Candidate Name	Category/Type 003	Transaction ID : SB17.I8259
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).....	1679.12
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 84 OF 113			
	<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)
Joe Wilson for Congress

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

Mailing Address 144 2ND STREET
FLOOR 1

City SAN FRANCISCO State CA Zip Code 94105-3718

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 31 / 2014

Amount of Each Disbursement this Period: 0.45

Transaction ID : SB17.I8266

Category/Type: 003

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

Mailing Address 144 2ND STREET
FLOOR 1

City SAN FRANCISCO State CA Zip Code 94105-3718

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 31 / 2014

Amount of Each Disbursement this Period: 0.45

Transaction ID : SB17.I8332

Category/Type: 003

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

Mailing Address 144 2ND STREET
FLOOR 1

City SAN FRANCISCO State CA Zip Code 94105-3718

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2014

Amount of Each Disbursement this Period: 0.45

Transaction ID : SB17.I8377

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional)..... 1.35

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 85 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. SCE&G		Date of Disbursement MM / DD / YYYY 07 / 07 / 2014
Mailing Address PO BOX 100255		Amount of Each Disbursement this Period 77.50
City COLUMBIA	State SC	
Zip Code 29202-3255	Purpose of Disbursement UTILITIES	Transaction ID : SB17.I8186
Candidate Name	001 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. SCE&G		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address PO BOX 100255		Amount of Each Disbursement this Period 69.64
City COLUMBIA	State SC	
Zip Code 29202-3255	Purpose of Disbursement UTILITIES	Transaction ID : SB17.I8270
Candidate Name	001 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. SCE&G		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address PO BOX 100255		Amount of Each Disbursement this Period 57.28
City COLUMBIA	State SC	
Zip Code 29202-3255	Purpose of Disbursement UTILITY	Transaction ID : SB17.I8335
Candidate Name	001 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).....	204.42
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 86 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. SCHOOL CUTS SCREENING & EMBROIDERY		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address PO BOX 3166		Amount of Each Disbursement this Period 327.42
City WEST COLUMBIA	State SC Zip Code 29171-3166	
Purpose of Disbursement CAMPAIGN MATERIALS	Category/Type 006	Transaction ID : SB17.I8308
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. SUN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO BOX 5011		Amount of Each Disbursement this Period 1992.44
City ORANGEBURG	State SC Zip Code 29116-5011	
Purpose of Disbursement PRINTING	Category/Type 006	Transaction ID : SB17.I8260
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. SUN SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address PO BOX 5011		Amount of Each Disbursement this Period 11340.97
City ORANGEBURG	State SC Zip Code 29116-5011	
Purpose of Disbursement PRINTING	Category/Type 006	Transaction ID : SB17.I8310
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).....	13660.83
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 87 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. SUN SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address PO BOX 5011			Amount of Each Disbursement this Period 7437.57
City ORANGEBURG	State SC	Zip Code 29116-5011	
Purpose of Disbursement PRINTING		Category/ Type 006	Transaction ID : SB17.I8314
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. TD CARD SERVICES			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address PO BOX 2580			Amount of Each Disbursement this Period 11724.55
City CHERRY HILL	State NJ	Zip Code 08034-0372	
Purpose of Disbursement CREDIT CARD CHARGES		Category/ Type 001	Transaction ID : SB17.I8165
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. 2020 PUBLICATIONS			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address PO BOX 175			Amount of Each Disbursement this Period 2064.00
City IRMO	State SC	Zip Code 29063-0175	
Purpose of Disbursement AD		Category/ Type 004	Transaction ID : SB17.I8227 [MEMO ITEM]
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)	19162.12
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 88 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. AIKEN WIFE SAVER		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 651 SILVER BLUFF RD		Amount of Each Disbursement this Period 25.41
City AIKEN	State SC	
Zip Code 29803-6013	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I8210 [MEMO ITEM]
Candidate Name	Category/ Type 003	
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO BOX 105262		Amount of Each Disbursement this Period 60.50
City ATLANTA	State GA	
Zip Code 30348-5262	Purpose of Disbursement CELL PHONE CHARGES	Transaction ID : SB17.I8179 [MEMO ITEM]
Candidate Name	Category/ Type 001	
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 105262		Amount of Each Disbursement this Period 122.61
City ATLANTA	State GA	
Zip Code 30348-5262	Purpose of Disbursement TELEPHONE	Transaction ID : SB17.I8222 [MEMO ITEM]
Candidate Name	Category/ Type 001	
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).....	

**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 89 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address PO BOX 105262		Amount of Each Disbursement this Period 130.56
City ATLANTA	State GA	
Zip Code 30348-5262	Purpose of Disbursement TELEPHONE	Transaction ID : SB17.I8228
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period 403.68
City WASHINGTON	State DC	
Zip Code 20003-1801	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I8226
Candidate Name	Category/Type 003	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA	
Zip Code 22182-2245	Purpose of Disbursement COMPLIANCE SOFTWARE	Transaction ID : SB17.I8223
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 90 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 99.00
City TYSONS CORNER	State VA Zip Code 22182-2245	
Purpose of Disbursement INTERNET FUNDRAISING	Category/Type 003	Transaction ID : SB17.I8225 [MEMO ITEM]
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. COLUMBIA STAR		Date of Disbursement MM / DD / YYYY 05 / 29 / 2014
Mailing Address PO BOX 5955		Amount of Each Disbursement this Period 806.00
City COLUMBIA	State SC Zip Code 29250-5955	
Purpose of Disbursement AD	Category/Type 004	Transaction ID : SB17.I8197 [MEMO ITEM]
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. LOWES HARDWARE		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 2829 AUGUSTA ROAD		Amount of Each Disbursement this Period 201.71
City WEST COLUMBIA	State SC Zip Code 29170-3322	
Purpose of Disbursement SIGN SUPPLIES	Category/Type 006	Transaction ID : SB17.I8190 [MEMO ITEM]
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).....	0.00
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 91 OF 113			
	<input checked="" type="checkbox"/> 17 <input 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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. LOWES HARDWARE		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 2829 AUGUSTA ROAD		Amount of Each Disbursement this Period 41.26
City WEST COLUMBIA	State SC Zip Code 29170-3322	
Purpose of Disbursement CAMPAIGN SUPPLIES	Category/Type 006	Transaction ID : SB17.I8195 [MEMO ITEM]
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. LOWES HARDWARE		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2829 AUGUSTA ROAD		Amount of Each Disbursement this Period 2.28
City WEST COLUMBIA	State SC Zip Code 29170-3322	
Purpose of Disbursement CAMPAIGN SUPPLIES	Category/Type 006	Transaction ID : SB17.I8213 [MEMO ITEM]
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. LOWES HARDWARE		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 2829 AUGUSTA ROAD		Amount of Each Disbursement this Period 134.15
City WEST COLUMBIA	State SC Zip Code 29170-3322	
Purpose of Disbursement CAMPAIGN SUPPLIES	Category/Type 006	Transaction ID : SB17.I8216 [MEMO ITEM]
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).....	0.00
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 92 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. MORRIS NEWS SERVICES			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 725 BROAD STREET			Amount of Each Disbursement this Period 1126.13
City AUGUSTA	State GA	Zip Code 30901-1336	
Purpose of Disbursement AD		Category/ Type 004	Transaction ID : SB17.I8198 [MEMO ITEM]
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. MORRIS NEWS SERVICES			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 725 BROAD STREET			Amount of Each Disbursement this Period 325.04
City AUGUSTA	State GA	Zip Code 30901-1336	
Purpose of Disbursement AD		Category/ Type 004	Transaction ID : SB17.I8199 [MEMO ITEM]
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. MORRIS NEWS SERVICES			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 725 BROAD STREET			Amount of Each Disbursement this Period 1109.25
City AUGUSTA	State GA	Zip Code 30901-1336	
Purpose of Disbursement AD		Category/ Type 004	Transaction ID : SB17.I8204 [MEMO ITEM]
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).....	0.00
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 93 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. SHEALY'S BBQ & CATERING		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 340 E COLUMBIA AVENUE		Amount of Each Disbursement this Period 24.40
City LEESVILLE State SC Zip Code 29070-9285	Purpose of Disbursement FOOD & BEVERAGE 003 Category/Type	
Candidate Name		Transaction ID : SB17.I8193 [MEMO ITEM]
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. SPRINT		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 4191		Amount of Each Disbursement this Period 832.49
City CAROL STREAM State IL Zip Code 60197-4191	Purpose of Disbursement CELL PHONE CHARGES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I8224 [MEMO ITEM]
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. SPRINT		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address PO BOX 4191		Amount of Each Disbursement this Period 172.25
City CAROL STREAM State IL Zip Code 60197-4191	Purpose of Disbursement CELL PHONE CHARGES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I8229 [MEMO ITEM]
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).....	

**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 94 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 4464 DEVINE STREET		Amount of Each Disbursement this Period 562.55
City COLUMBIA State SC Zip Code 29205-3605	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I8177 [MEMO ITEM]
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. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 4464 DEVINE STREET		Amount of Each Disbursement this Period 77.52
City COLUMBIA State SC Zip Code 29205-3605	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I8178 [MEMO ITEM]
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. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 4464 DEVINE STREET		Amount of Each Disbursement this Period 45.32
City COLUMBIA State SC Zip Code 29205-3605	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I8184 [MEMO ITEM]
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).....	

**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 95 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 20.79
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE	
Candidate Name	001 Category/Type	Transaction ID : SB17.I8212 [MEMO ITEM]
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. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 20.38
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE	
Candidate Name	001 Category/Type	Transaction ID : SB17.I8214 [MEMO ITEM]
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. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 20.38
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE	
Candidate Name	001 Category/Type	Transaction ID : SB17.I8217 [MEMO ITEM]
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).....	

**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 96 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 20.38
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I8218
Candidate Name	001 Category/Type	[MEMO ITEM]
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. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 61.47
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I8219
Candidate Name	001 Category/Type	[MEMO ITEM]
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. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 20.38
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I8220
Candidate Name	001 Category/Type	[MEMO ITEM]
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).....	

**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 97 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. UNITED PARCEL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address PO BOX 7247-0244		Amount of Each Disbursement this Period 20.71
City PHILADELPHIA State PA Zip Code 19170-0001	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		Transaction ID : SB17.I8221 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 151.20
City DALLAS State TX Zip Code 75266-0108	Purpose of Disbursement CELL PHONE CHARGES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I8211 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address AUGUSTA ROAD		Amount of Each Disbursement this Period 31.10
City WEST COLUMBIA State SC Zip Code 29169-4568	Purpose of Disbursement CAMPAIGN SUPPLIES 006 Category/Type	
Candidate Name		Transaction ID : SB17.I8196 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 98 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. WAL-MART		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address AUGUSTA ROAD		Amount of Each Disbursement this Period 26.24
City WEST COLUMBIA	State SC	
Zip Code 29169-4568	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I8215 [MEMO ITEM]
Candidate Name	Category/Type 001	
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. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2401 AUGUSTA ROAD		Amount of Each Disbursement this Period 191.13
City WEST COLUMBIA	State SC	
Zip Code 29169-4543	Purpose of Disbursement CAMPAIGN SUPPLIES	Transaction ID : SB17.I8192 [MEMO ITEM]
Candidate Name	Category/Type 006	
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. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 3581 RICHLAND AVENUE W		Amount of Each Disbursement this Period 4.24
City AIKEN	State SC	
Zip Code 29801-6311	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I8208 [MEMO ITEM]
Candidate Name	Category/Type 001	
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).....	

**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 99 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 3581 RICHLAND AVENUE W		Amount of Each Disbursement this Period 10.57
City AIKEN	State SC	
Zip Code 29801-6311	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I8209 [MEMO ITEM]
Candidate Name	001 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. WILLCOX INN		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 100 COLLETON AVENUE SW		Amount of Each Disbursement this Period 1561.03
City AIKEN	State SC	
Zip Code 29801-4870	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I8183 [MEMO ITEM]
Candidate Name	003 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. TD CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address PO BOX 2580		Amount of Each Disbursement this Period 14877.92
City CHERRY HILL	State NJ	
Zip Code 08034-0372	Purpose of Disbursement LODGING	Transaction ID : SB17.I8239
Candidate Name	002 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).....	14877.92
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 100 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. THE INN AT PERRY CABIN		Date of Disbursement MM / DD / YYYY 07 / 10 / 2014
Mailing Address 308 WATKINS LN		Amount of Each Disbursement this Period 14877.92
City SAINT MICHAELS State MD Zip Code 21663-2114	Purpose of Disbursement LODGING 002 Category/Type	
Candidate Name		Transaction ID : SB17.I8240 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. TD CARD SERVICES		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address PO BOX 2580		Amount of Each Disbursement this Period 3457.89
City CHERRY HILL State NJ Zip Code 08034-0372	Purpose of Disbursement CREDIT CARD CHARGES 001 Category/Type	
Candidate Name		Transaction ID : SB17.I8261
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. ACQUA AL 2		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 212 7TH STREET SE		Amount of Each Disbursement this Period 686.40
City WASHINGTON State DC Zip Code 20003-4311	Purpose of Disbursement FOOD & BEVERAGE 003 Category/Type	
Candidate Name		Transaction ID : SB17.I8295 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3457.89
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 101 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. AIKEN WIFE SAVER		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 651 SILVER BLUFF RD		Amount of Each Disbursement this Period 40.79
City AIKEN	State SC	
Zip Code 29803-6013	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I8278 [MEMO ITEM]
Candidate Name	Category/Type 007	
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. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address PO BOX 105262		Amount of Each Disbursement this Period 130.56
City ATLANTA	State GA	
Zip Code 30348-5262	Purpose of Disbursement CELL PHONE CHARGES	Transaction ID : SB17.I8297 [MEMO ITEM]
Candidate Name	Category/Type 001	
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. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period 540.76
City WASHINGTON	State DC	
Zip Code 20003-1801	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I8293 [MEMO ITEM]
Candidate Name	Category/Type 003	
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).....	

**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 102 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 157.25
City TYSONS CORNER	State VA Zip Code 22182-2245	
Purpose of Disbursement ONLINE FUNDRAISING	Category/Type 003	Transaction ID : SB17.I8291 [MEMO ITEM]
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182-2245	
Purpose of Disbursement COMPLIANCE SOFTWARE	Category/Type 001	Transaction ID : SB17.I8292 [MEMO ITEM]
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. EVENT FARM		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1806 T ST NW #250		Amount of Each Disbursement this Period 110.00
City WASHINGTON	State DC Zip Code 20009-7126	
Purpose of Disbursement TICKET SALES	Category/Type 003	Transaction ID : SB17.I8296 [MEMO ITEM]
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).....	0.00
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 103 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. LOWES HARDWARE		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 2829 AUGUSTA ROAD		Amount of Each Disbursement this Period 201.36
City WEST COLUMBIA	State SC Zip Code 29170-3322	
Purpose of Disbursement CAMPAIGN MATERIALS	Category/Type 006	Transaction ID : SB17.I8277 [MEMO ITEM]
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. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 20.71
City WEST COLUMBIA	State SC Zip Code 29169-5502	
Purpose of Disbursement POSTAGE	Category/Type 001	Transaction ID : SB17.I8284 [MEMO ITEM]
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. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 20.38
City WEST COLUMBIA	State SC Zip Code 29169-5502	
Purpose of Disbursement POSTAGE	Category/Type 001	Transaction ID : SB17.I8285 [MEMO ITEM]
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).....	0.00
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 104 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 20.38
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		Transaction ID : SB17.I8286 [MEMO ITEM]
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. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 20.38
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		Transaction ID : SB17.I8287 [MEMO ITEM]
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. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 20.38
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name		Transaction ID : SB17.I8288 [MEMO ITEM]
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).....	

**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 105 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 07 / 04 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 20.38
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE 001	
Candidate Name		Transaction ID : SB17.I8289 [MEMO ITEM]
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. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 36.40
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE 001	
Candidate Name		Transaction ID : SB17.I8290 [MEMO ITEM]
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. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 146.96
City DALLAS State TX Zip Code 75266-0108	Purpose of Disbursement CELL PHONE CHARGES 001	
Candidate Name		Transaction ID : SB17.I8283 [MEMO ITEM]
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)	

**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 106 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. WAL-MART		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address AUGUSTA ROAD		Amount of Each Disbursement this Period 59.83
City WEST COLUMBIA	State SC Zip Code 29169-4568	
Purpose of Disbursement CAMPAIGN MATERIALS	Category/Type 006	Transaction ID : SB17.I8275 [MEMO ITEM]
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. WALMART		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 3581 RICHLAND AVENUE W		Amount of Each Disbursement this Period 55.77
City AIKEN	State SC Zip Code 29801-6311	
Purpose of Disbursement CAMPAIGN MATERIALS	Category/Type 006	Transaction ID : SB17.I8280 [MEMO ITEM]
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. WALMART		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 3581 RICHLAND AVENUE W		Amount of Each Disbursement this Period 14.95
City AIKEN	State SC Zip Code 29801-6311	
Purpose of Disbursement CAMPAIGN MATERIALS	Category/Type 006	Transaction ID : SB17.I8281 [MEMO ITEM]
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).....	0.00
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 107 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial)
A. TD CARD SERVICES

Mailing Address PO BOX 2580

City CHERRY HILL State NJ Zip Code 08034-0372

Purpose of Disbursement CREDIT CARD CHARGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 29 / 2014

Amount of Each Disbursement this Period: 1811.44

Transaction ID : SB17.I8329

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 18 / 2014

Amount of Each Disbursement this Period: 384.96

Transaction ID : SB17.I8357

[MEMO ITEM]

Category/Type: 003

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

Mailing Address 1593 SPRING HILL RD SUITE 400

City TYSONS CORNER State VA Zip Code 22182-2245

Purpose of Disbursement COMPLIANCE SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 08 / 2014

Amount of Each Disbursement this Period: 897.00

Transaction ID : SB17.I8354

[MEMO ITEM]

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 1811.44

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 108 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. LOWES HARDWARE		Date of Disbursement MM / DD / YYYY 07 / 08 / 2014
Mailing Address 2829 AUGUSTA ROAD		Amount of Each Disbursement this Period 4.26
City WEST COLUMBIA	State SC	
Zip Code 29170-3322	Purpose of Disbursement CAMPAIGN SUPPLIES	Transaction ID : SB17.I8344 [MEMO ITEM]
Candidate Name	006 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. LOWES HARDWARE		Date of Disbursement MM / DD / YYYY 07 / 08 / 2014
Mailing Address 2829 AUGUSTA ROAD		Amount of Each Disbursement this Period 23.73
City WEST COLUMBIA	State SC	
Zip Code 29170-3322	Purpose of Disbursement CAMPAIGN SUPPLIES	Transaction ID : SB17.I8345 [MEMO ITEM]
Candidate Name	006 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. UNITED STATES POSTAL SERVICE		Date of Disbursement MM / DD / YYYY 07 / 11 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 20.38
City WEST COLUMBIA	State SC	
Zip Code 29169-5502	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I8348 [MEMO ITEM]
Candidate Name	001 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).....	

**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 109 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 20.38
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE Category/Type 001	
Candidate Name		Transaction ID : SB17.I8349 [MEMO ITEM]
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. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 196.00
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE Category/Type 001	
Candidate Name		Transaction ID : SB17.I8350 [MEMO ITEM]
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. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 20.38
City WEST COLUMBIA State SC Zip Code 29169-5502	Purpose of Disbursement POSTAGE Category/Type 001	
Candidate Name		Transaction ID : SB17.I8351 [MEMO ITEM]
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).....	

**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 110 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 001 20.38 Transaction ID : SB17.I8352 [MEMO ITEM]
City WEST COLUMBIA	State SC Zip Code 29169-5502	
Purpose of Disbursement POSTAGE	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. UNITED STATES POSTAL SERVICE		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1535 PLATT SPRINGS ROAD		Amount of Each Disbursement this Period 001 20.38 Transaction ID : SB17.I8353 [MEMO ITEM]
City WEST COLUMBIA	State SC Zip Code 29169-5502	
Purpose of Disbursement POSTAGE	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. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 001 140.38 Transaction ID : SB17.I8347 [MEMO ITEM]
City DALLAS	State TX Zip Code 75266-0108	
Purpose of Disbursement CELL PHONE CHARGES	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).....	0.00
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 111 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. THE VOICE OF BLYTHEWOOD & FAIRFIELD		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address PO BOX 675		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.I8235
City BLYTHEWOOD	State SC	
Zip Code 29016-0675	Purpose of Disbursement AD	Category/ Type 004
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. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address PO BOX 70872		Amount of Each Disbursement this Period 60.49 Transaction ID : SB17.I8187
City CHARLOTTE	State NC	
Zip Code 28272-0872	Purpose of Disbursement TELEPHONE & INTERNET	Category/ Type 001
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. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO BOX 70872		Amount of Each Disbursement this Period 454.35 Transaction ID : SB17.I8262
City CHARLOTTE	State NC	
Zip Code 28272-0872	Purpose of Disbursement UTILITIES	Category/ Type 001
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).....	914.84
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 112 OF 113			
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. TIME WARNER CABLE		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address PO BOX 70872		Amount of Each Disbursement this Period 458.88
City CHARLOTTE	State NC	
Zip Code 28272-0872	Purpose of Disbursement TELEPHONE	Transaction ID : SB17.I8325
Candidate Name	001 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.		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).....	458.88
TOTAL This Period (last page this line number only).....	129671.52

**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 113 OF 113	
	<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)
Joe Wilson for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 320 1ST STREET SE		Amount of Each Disbursement this Period 25000.00 Transaction ID : SB21.I8242
City WASHINGTON State DC Zip Code 20003-1838	Purpose of Disbursement COMMITTEE CONTRIBUTION 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 320 1ST STREET SE		Amount of Each Disbursement this Period 25000.00 Transaction ID : SB21.I8362
City WASHINGTON State DC Zip Code 20003-1838	Purpose of Disbursement COMMITTEE CONTRIBUTION 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SOUTH CAROLINA REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1913 MARION STREET		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB21.I8269
City COLUMBIA State SC Zip Code 29201-2552	Purpose of Disbursement COMMITTEE CONTRIBUTION 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	52500.00
TOTAL This Period (last page this line number only).....	52500.00