

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
KEADLE FOR CONGRESS 2012

ADDRESS (number and street) 113 SEA HIDE COURT
 Check if different than previously reported. (ACC) MOORESVILLE NC 28117

2. **FEC IDENTIFICATION NUMBER** ▼ C C00499954 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) NC 08

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
06 / 28 / 2012 through 09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Todd Lakey
Signature of Treasurer Kevin Todd Lakey *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 12 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
KEADLE FOR CONGRESS 2012

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	26859.00	429744.13
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	26859.00	429744.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	110689.65	673229.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	110689.65	673229.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13169.66	
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).....	257000.00	

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

KEADLE FOR CONGRESS 2012

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24940.00	336480.99
(ii) Unitemized.....	1919.00	68763.14
(iii) TOTAL of contributions from individuals ▶	26859.00	405244.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	24500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26859.00	429744.13
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000.00	387000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	387000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	76859.00	816744.13

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	110689.65	673229.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	130000.00	130000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	130000.00	130000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	345.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	240689.65	803574.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	177000.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	76859.00
25. SUBTOTAL (add Line 23 and Line 24).....	253859.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	240689.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13169.66

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

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

FOR LINE NUMBER: PAGE 5 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KEADLE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Roger Baughan

Mailing Address 126 West Paces

City State Zip Code
Mooresville NC 28117

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

Name of Employer Occupation
The Baughan Group Inc Coal Mining

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : SA11AI.7395

Amount of Each Receipt this Period
2500.00

48hr 7/7/12

B. Full Name (Last, First, Middle Initial)
Sheila Baughan

Mailing Address 126 West Paces

City State Zip Code
Mooresville NC 28117

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

Name of Employer Occupation
Self-employed Homemaker

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : SA11AI.7398

Amount of Each Receipt this Period
2500.00

48hr 7/6/12

C. Full Name (Last, First, Middle Initial)
John R Brehmer

Mailing Address 201 Seabreeze Court

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : SA11AI.7392

Amount of Each Receipt this Period
1500.00

48hr 7/5/12

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 48
	<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)
KEADLE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
James P Buchwald

Mailing Address 17156 Glen Rd

City State Zip Code
Mount Vernon OH 43050

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : SA11A1.7231

Amount of Each Receipt this Period
1000.00

48hr 7.2.12

B. Full Name (Last, First, Middle Initial)
Robert Calcagno

Mailing Address 4533 Mosher Dr

City State Zip Code
Stockton CA 95212

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

Name of Employer Occupation
Calcagno Investments Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

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

Transaction ID : SA11A1.7763

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Nina Cameron

Mailing Address 29 Pinehurst Circle

City State Zip Code
Little Rock AR 72212

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

Name of Employer Occupation
self Housewife

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : SA11A1.7389

Amount of Each Receipt this Period
2500.00

48hr 7/5/12

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

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

3750.00

**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 48
	<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)
KEADLE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Ronald M Cameron

Mailing Address **Box 21440**

City **Little Rock** State **AR** Zip Code **72221**

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

Name of Employer **BE Requested** Occupation **BE Requested**

Receipt For: 2012
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date **2500.00**

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

Transaction ID : SA11A1.7405

Amount of Each Receipt this Period
2500.00
 48hr 7/10/12

B. Full Name (Last, First, Middle Initial)
Agatha Cayia

Mailing Address **3895 SE 20 St**

City **Ocala** State **FL** Zip Code **34471**

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

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

Receipt For: 2012
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SA11A1.7678

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Leonard Clow

Mailing Address **500 Kapaloua Dr, Golf Villa 20P3/4**

City **Lahania** State **HI** Zip Code **96761**

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

Name of Employer **Macquarie** Occupation **Financier**

Receipt For: 2012
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : SA11A1.7766

Amount of Each Receipt this Period
150.00

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 8 OF 48
	<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)
KEADLE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Wendell Drye

Mailing Address 41040 Mtn View Church Road

City Albemarle State NC Zip Code 28001

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2012

Transaction ID : SA11AI.7652

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Richard Gere

Mailing Address 40 North Chatsworth Ave

City Larchmont State NY Zip Code 10538

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

Name of Employer Self Occupation Landscaper

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2012

Transaction ID : SA11AI.7736

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Theodore F Greene

Mailing Address 11002 Felton Ct

City Orlando State FL Zip Code 32825

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

Name of Employer Self Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2012

Transaction ID : SA11AI.7625

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 48
	<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)
KEADLE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Buck Harless

Mailing Address Box 1210

City State Zip Code
Gilbert WV 25621

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

Name of Employer Occupation
International Industries owner

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : SA11A1.7616

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Curtis Katz

Mailing Address 29 Barstow Rd

City State Zip Code
Great Neck NY 11021

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11A1.7767

Amount of Each Receipt this Period
2140.00

C. Full Name (Last, First, Middle Initial)
Dean M Kennedy III

Mailing Address 1004 South Sierra Vista Ave

City State Zip Code
Alhambra CA 91801

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

Name of Employer Occupation
self consultant

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 12 / 2012

Transaction ID : SA11A1.7765

Amount of Each Receipt this Period
100.00

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

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

2740.00

**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 48
	<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)
KEADLE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
James Laurita

Mailing Address 308 Dents Run Rd

City Morgantown State WV Zip Code 26501

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

Name of Employer Mepco LLC Occupation President

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2012

Transaction ID : SA11A1.7413

Amount of Each Receipt this Period
 _____ 2500.00

48hr Report 7/12/12

B. Full Name (Last, First, Middle Initial)
Brewster MacFarland

Mailing Address 415 North State Street, Suite 1

City Chicago State NC Zip Code 60654

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

Name of Employer Law Bulletin Publishing Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2012

Transaction ID : SA11A1.7833

Amount of Each Receipt this Period
 _____ -200.00

Unresolved previously declined credit card contribution - incomplete/inaccurate credit card informat

C. Full Name (Last, First, Middle Initial)
Anne Marion

Mailing Address 801 Cherry Street, Unit 9

City Fort Worth State TX Zip Code 76102

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

Name of Employer self Occupation Oil, gas, ranching, investments

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2012

Transaction ID : SA11A1.7384

Amount of Each Receipt this Period
 _____ 2500.00

48 hr 7/5/12

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

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

_____ 4800.00

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

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

FOR LINE NUMBER: PAGE 11 OF 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KEADLE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Susan Massey

Mailing Address 902 Mascot Drive

City State Zip Code
Albemarle NC 28001

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2012

Transaction ID : SA11A1.7630

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Greg McNece

Mailing Address Box 1830

City State Zip Code
Davis CA 95617

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

Name of Employer Occupation
Davisville Properties Inc CEO

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
1125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11A1.7432

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Andrew L Messenger

Mailing Address 7498 North Mount Hope Rd

City State Zip Code
Riverdale MI 48877

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

Name of Employer Occupation
BE Requested BE Requested

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11A1.7434

Amount of Each Receipt this Period
100.00

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 12 OF 48
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
KEADLE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
James Mohrfeld

Mailing Address 5522 Sheraton Oaks Drive

City Houston State TX Zip Code 77091

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

Name of Employer Premium Solutions Occupation Professional Engineer

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2012

Transaction ID : SA11AI.7785

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Julian Rawl

Mailing Address Box 8068

City Greenville State NC Zip Code 27835

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

Name of Employer Self Occupation Self

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : SA11AI.7768

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Paul D Reid

Mailing Address 11 Harding Ave

City Lockport State NY Zip Code 14094

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

Name of Employer Reid Group Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2012

Transaction ID : SA11AI.7849

Amount of Each Receipt this Period
-250.00

Unresolved previously declined credit card contribution - incomplete/inaccurate credit card informat

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

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 48
	<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)
KEADLE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Dr. Jay Wells III

Mailing Address 2510 Applegate Rd

City Bethel Park State PA Zip Code 15102

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

Name of Employer Liberty Health Care Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11AI.7773

Amount of Each Receipt this Period
100.00

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

Mailing Address #57 Highland Ave

City San Rafael State CA Zip Code 94901

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

Name of Employer BE Requested Occupation BE Requested

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11AI.7403

Amount of Each Receipt this Period
2500.00
48hr 7/10/12

C. Full Name (Last, First, Middle Initial)
Gerald Wood

Mailing Address 18800 Hollybank Path

City Davidson State NC Zip Code 28036

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

Name of Employer Self Occupation Car Dealer

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : SA11AI.7650

Amount of Each Receipt this Period
500.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 48
	<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)
KEADLE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
Andrew Wyly

Mailing Address 300 Crescent Ct, Suite 1000

City Dallas State TX Zip Code 75201

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

Name of Employer Andrew Wyly Film Company Occupation Filmmaker

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : SA11AI.7805

Amount of Each Receipt this Period
300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

300.00

24940.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 48
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KEADLE FOR CONGRESS 2012

A. Full Name (Last, First, Middle Initial)
SCOTT KEADLE

Mailing Address 113 SEA HIDE COURT

City MOORESVILLE State NC Zip Code 28117

FEC ID number of contributing federal political committee. **C H0NC10151**

Name of Employer Self-employed Occupation Dentist / Candidate

Receipt For: 2012
 Primary General
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA13A.5572

Amount of Each Receipt this Period

Candidate Loan

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
 / /

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
 / /

Amount of Each Receipt this Period

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

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 16 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Bank of America			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address 155 Town Center Drive			Amount of Each Disbursement this Period 18.90	
City Mooresville	State NC	Zip Code 28117	Transaction ID : SB17.7508	
Purpose of Disbursement Merchant Acct Transaction Fee		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State:	District:			

Full Name (Last, First, Middle Initial) B. Bank of America			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address 155 Town Center Drive			Amount of Each Disbursement this Period 14.00	
City Mooresville	State NC	Zip Code 28117	Transaction ID : SB17.7520	
Purpose of Disbursement Bank Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State:	District:			

Full Name (Last, First, Middle Initial) c. Bank of America			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012	
Mailing Address 155 Town Center Drive			Amount of Each Disbursement this Period 282.36	
City Mooresville	State NC	Zip Code 28117	Transaction ID : SB17.7509	
Purpose of Disbursement Merchant Acct Transaction Fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	315.26
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 17 OF 48	
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 155 Town Center Drive		Amount of Each Disbursement this Period 33.76
City Mooresville	State NC	
Zip Code 28117	Purpose of Disbursement Merchant Acct Transaction Fee	Transaction ID : SB17.7513
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 155 Town Center Drive		Amount of Each Disbursement this Period 30.47
City Mooresville	State NC	
Zip Code 28117	Purpose of Disbursement Merchant Acct Transaction Fees	Transaction ID : SB17.7514
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) c. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 155 Town Center Drive		Amount of Each Disbursement this Period 2.08
City Mooresville	State NC	
Zip Code 28117	Purpose of Disbursement Merchant Acct Transaction Fees	Transaction ID : SB17.7574
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	66.31
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 18 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Bank of America			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012	
Mailing Address 155 Town Center Drive			Amount of Each Disbursement this Period 14.00	
City Mooresville	State NC	Zip Code 28117	Transaction ID : SB17.7578	
Purpose of Disbursement Bank Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) B. Bank of America			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012	
Mailing Address 155 Town Center Drive			Amount of Each Disbursement this Period 112.21	
City Mooresville	State NC	Zip Code 28117	Transaction ID : SB17.7575	
Purpose of Disbursement Merchant Account Transaction Fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) c. Bank of America			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012	
Mailing Address 155 Town Center Drive			Amount of Each Disbursement this Period 14.00	
City Mooresville	State NC	Zip Code 28117	Transaction ID : SB17.7589	
Purpose of Disbursement Bank Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	140.21
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 19 OF 48	
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 155 Town Center Drive		Amount of Each Disbursement this Period 22.00
City Mooresville	State NC	
Zip Code 28117	Purpose of Disbursement Merchant Account Transaction Fees	Transaction ID : SB17.7590
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 155 Town Center Drive		Amount of Each Disbursement this Period 14.00
City Mooresville	State NC	
Zip Code 28117	Purpose of Disbursement Bank Fee	Transaction ID : SB17.7591
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) c. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2012
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 50.00
City Waltham	State MA	
Zip Code 02451	Purpose of Disbursement Marketing Services	Transaction ID : SB17.7555
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	86.00
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 20 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 1601 Trapelo Rd		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.7576
City Waltham State MA Zip Code 02451	Purpose of Disbursement Marketing Sevices Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. Evan Davis		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 3456 Wallburg High Point Rd		Amount of Each Disbursement this Period 225.95 Transaction ID : SB17.7483
City High Point State NC Zip Code 27265	Purpose of Disbursement Mileage Reimburse Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) c. Evan Davis		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 3456 Wallburg High Point Rd		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.7525
City High Point State NC Zip Code 27265	Purpose of Disbursement Consulting Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1025.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Evan Davis		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 3456 Wallburg High Point Rd		Amount of Each Disbursement this Period 254.63
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement Mileage Reimbursement	Transaction ID : SB17.7596
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Evan Davis		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 3456 Wallburg High Point Rd		Amount of Each Disbursement this Period 140.64
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement Consulting Fee - Close Down	Transaction ID : SB17.7565
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. Evan Davis		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 3456 Wallburg High Point Rd		Amount of Each Disbursement this Period 112.33
City High Point	State NC	
Zip Code 27265	Purpose of Disbursement Mileage Reimbursement	Transaction ID : SB17.7566
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	507.60
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 22 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Evan Davis			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012	
Mailing Address 3456 Wallburg High Point Rd			Amount of Each Disbursement this Period 842.14	
City High Point	State NC	Zip Code 27265	Transaction ID : SB17.7567	
Purpose of Disbursement Reimburse expense		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) B. Evan Davis			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012	
Mailing Address 3456 Wallburg High Point Rd			Amount of Each Disbursement this Period 750.00	
City High Point	State NC	Zip Code 27265	Transaction ID : SB17.7582	
Purpose of Disbursement Consulting Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) c. Donehue Direct			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address PO Box 7431			Amount of Each Disbursement this Period 37.74	
City Columbia	State SC	Zip Code 29202	Transaction ID : SB17.7498	
Purpose of Disbursement Online Media		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	842.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Donehue Direct		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 3.00
City Columbia	State SC	
Zip Code 29202	Purpose of Disbursement Online Contribution charges	Transaction ID : SB17.7500
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Donehue Direct		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 1500.00
City Columbia	State SC	
Zip Code 29202	Purpose of Disbursement Online Media Consulting Fee	Transaction ID : SB17.7501
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. Donehue Direct		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 12.99
City Columbia	State SC	
Zip Code 29202	Purpose of Disbursement Domain Registration	Transaction ID : SB17.7502
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1515.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Donehue Direct		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 4834.85
City Columbia	State SC	
Zip Code 29202	Purpose of Disbursement Website Development	Transaction ID : SB17.7504
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Donehue Direct		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 850.00
City Columbia	State SC	
Zip Code 29202	Purpose of Disbursement Online Media Consulting Fee	Transaction ID : SB17.7558
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. Donehue Direct		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 1918.73
City Columbia	State SC	
Zip Code 29202	Purpose of Disbursement Online Media Consulting	Transaction ID : SB17.7452
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7603.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Tara Emory		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 4639 Quimby Ave		Amount of Each Disbursement this Period 3094.00
City Beltsville	State MD	
Purpose of Disbursement Consulting Fee	Zip Code 20705	Category/ Type 001
Candidate Name		
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		State: District:

Full Name (Last, First, Middle Initial) B. Tara Emory		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address 4639 Quimby Ave		Amount of Each Disbursement this Period 209.22
City Beltsville	State MD	
Purpose of Disbursement Reimburse Travel Expenses	Zip Code 20705	Category/ Type 002
Candidate Name		
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		State: District:

Full Name (Last, First, Middle Initial) c. Tara Emory		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2012
Mailing Address 4639 Quimby Ave		Amount of Each Disbursement this Period 3094.00
City Beltsville	State MD	
Purpose of Disbursement Consulting Fee	Zip Code 20705	Category/ Type 001
Candidate Name		
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		State: District:

SUBTOTAL of Disbursements This Page (optional).....	6397.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Tara Emory		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 4639 Quimby Ave		Amount of Each Disbursement this Period 580.13 Transaction ID : SB17.7564
City Beltsville	State MD	
Zip Code 20705	Purpose of Disbursement Consulting Fee - Close Down	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. Tara Emory		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 4639 Quimby Ave		Amount of Each Disbursement this Period 59.49 Transaction ID : SB17.7606
City Beltsville	State MD	
Zip Code 20705	Purpose of Disbursement Reimburse Mileage and travel expenses	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) c. Tara Emory		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012
Mailing Address 4639 Quimby Ave		Amount of Each Disbursement this Period 132.20 Transaction ID : SB17.7607
City Beltsville	State MD	
Zip Code 20705	Purpose of Disbursement Reimburse AT&T internet expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	771.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Hotels.com		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 10440 North Central Expressway Suite 400		Amount of Each Disbursement this Period 201.76 Transaction ID : SB17.7534
City Dallas State TX Zip Code 75231	Category/Type 002	
Purpose of Disbursement Candidate Travel - TV production	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Matthew Hutchens		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 3311 Wallburg High Point Rd		Amount of Each Disbursement this Period 472.50 Transaction ID : SB17.7506
City High Point State NC Zip Code 27265	Category/Type 001	
Purpose of Disbursement Consulting Fee	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. Matthew Hutchens		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 3311 Wallburg High Point Rd		Amount of Each Disbursement this Period 427.50 Transaction ID : SB17.7573
City High Point State NC Zip Code 27265	Category/Type 001	
Purpose of Disbursement Consulting Fee	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1101.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Robert Mallory		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 808 Lakecrest Ave Apt 110		Amount of Each Disbursement this Period 255.00 Transaction ID : SB17.7571
City High Point	State NC	
Zip Code 27262	Purpose of Disbursement Consulting Fee	Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. Cameron Ted Morgan		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 12310 Holt Key Dr.		Amount of Each Disbursement this Period 620.00 Transaction ID : SB17.7482
City Midland	State NC	
Zip Code 28107	Purpose of Disbursement Consulting Fee	Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) c. Cameron Ted Morgan		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 12310 Holt Key Dr.		Amount of Each Disbursement this Period 620.00 Transaction ID : SB17.7526
City Midland	State NC	
Zip Code 28107	Purpose of Disbursement Consulting Fee	Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1495.00
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 29 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Cameron Ted Morgan		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 12310 Holt Key Dr.		Amount of Each Disbursement this Period 213.08 Transaction ID : SB17.7597
City Midland	State NC	
Zip Code 28107	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) B. Cameron Ted Morgan		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2012
Mailing Address 12310 Holt Key Dr.		Amount of Each Disbursement this Period 67.50 Transaction ID : SB17.7598
City Midland	State NC	
Zip Code 28107	Purpose of Disbursement Reimburse Expenses	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) C. Lowes		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 207 Faith Street		Amount of Each Disbursement this Period 46.65 Transaction ID : SB17.7598.0 [MEMO ITEM]
City Salisbury	State NC	
Zip Code 28145	Purpose of Disbursement Sign Poles	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	213.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 48	
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Cameron Ted Morgan		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 12310 Holt Key Dr.		Amount of Each Disbursement this Period 610.00 Transaction ID : SB17.7562
City Midland	State NC	
Zip Code 28107	Purpose of Disbursement Consulting Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) B. Cameron Ted Morgan		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 12310 Holt Key Dr.		Amount of Each Disbursement this Period 77.66 Transaction ID : SB17.7563
City Midland	State NC	
Zip Code 28107	Purpose of Disbursement Mileage Reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) C. Cameron Ted Morgan		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 12310 Holt Key Dr.		Amount of Each Disbursement this Period 90.54 Transaction ID : SB17.7604 [MEMO ITEM]
City Midland	State NC	
Zip Code 28107	Purpose of Disbursement Misc expense reimbursement.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

SUBTOTAL of Disbursements This Page (optional).....	687.66
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.7604

Misc individual vendors. None aggregate over \$100.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Piryx Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2012		
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 558.79		
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.7808		
Purpose of Disbursement Online Contribution Charges thru 9/30/12		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Lori Sapp			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012		
Mailing Address 2129-211 Regatta Lane			Amount of Each Disbursement this Period 785.63		
City Denver	State NC	Zip Code 28037	Transaction ID : SB17.7484		
Purpose of Disbursement Consulting Fee		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. Lori Sapp			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012		
Mailing Address 2129-211 Regatta Lane			Amount of Each Disbursement this Period 96.82		
City Denver	State NC	Zip Code 28037	Transaction ID : SB17.7487		
Purpose of Disbursement Expense Reimbursement		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	1441.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Food Lion#10		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 525 Jake Alexander Blvd West		Amount of Each Disbursement this Period 5.09
City Salisbury	State NC Zip Code 28147	
Purpose of Disbursement Water	Category/Type 001	Transaction ID : SB17.7487.1 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Lori Sapp		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 2129-211 Regatta Lane		Amount of Each Disbursement this Period 130.78
City Denver	State NC Zip Code 28037	
Purpose of Disbursement Mileage Reimburse	Category/Type 002	Transaction ID : SB17.7497
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) c. Lori Sapp		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 2129-211 Regatta Lane		Amount of Each Disbursement this Period 1758.75
City Denver	State NC Zip Code 28037	
Purpose of Disbursement Consulting Fee	Category/Type 001	Transaction ID : SB17.7556
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1889.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Lori Sapp			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012		
Mailing Address 2129-211 Regatta Lane			Amount of Each Disbursement this Period 211.01		
City Denver	State NC	Zip Code 28037	Transaction ID : SB17.7557		
Purpose of Disbursement Mileage Reimbursement		Category/ Type 002			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff				
State:	District:				

Full Name (Last, First, Middle Initial) B. Lori Sapp			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012		
Mailing Address 2129-211 Regatta Lane			Amount of Each Disbursement this Period 121.20		
City Denver	State NC	Zip Code 28037	Transaction ID : SB17.7610		
Purpose of Disbursement Reimburse cell phone calls over allocation		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff				
State:	District:				

Full Name (Last, First, Middle Initial) c. Lori Sapp			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012		
Mailing Address 2129-211 Regatta Lane			Amount of Each Disbursement this Period 85.53		
City Denver	State NC	Zip Code 28037	Transaction ID : SB17.7613		
Purpose of Disbursement Reimburse misc office expenses		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	332.21
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.7613

Misc individual vendors. None aggregate over \$100.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 48	
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Lauren Slepian		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 8204 Hurrigan Lane		Amount of Each Disbursement this Period 466.67 Transaction ID : SB17.7559
City Fayetteville	State NC	
Zip Code 28314	Purpose of Disbursement Consulting Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) B. Square Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2012
Mailing Address 110 5th Street		Amount of Each Disbursement this Period 522.20 Transaction ID : SB17.7809
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Online Contribution Charges thru 9/30/12	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) C. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 50018.00 Transaction ID : SB17.7528
City Lexington	State NC	
Zip Code 29072	Purpose of Disbursement TV ad buy - Time Warner	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

SUBTOTAL of Disbursements This Page (optional).....	51006.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012	
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 1000.00	
City Lexington	State NC	Zip Code 29072	Transaction ID : SB17.7529	
Purpose of Disbursement Research		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) B. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012	
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 3300.00	
City Lexington	State NC	Zip Code 29072	Transaction ID : SB17.7530	
Purpose of Disbursement Campaign Management Fee		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) c. Starboard Communications			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012	
Mailing Address 1043 Barr Road			Amount of Each Disbursement this Period 2914.56	
City Lexington	State NC	Zip Code 29072	Transaction ID : SB17.7583	
Purpose of Disbursement Direct Mail Media		Category/Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	7214.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 6159.70
City Lexington	State NC Zip Code 29072	
Purpose of Disbursement Robo Calls	Category/Type 005	Transaction ID : SB17.7584
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 4298.45
City Lexington	State NC Zip Code 29072	
Purpose of Disbursement Advocacy Calls	Category/Type 004	Transaction ID : SB17.7585
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) c. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 1468.75
City Lexington	State NC Zip Code 29072	
Purpose of Disbursement Polling Expense	Category/Type 005	Transaction ID : SB17.7586
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11926.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 4600.25 Transaction ID : SB17.7587
City Lexington State NC Zip Code 29072	Purpose of Disbursement Advocacy Calls 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Starboard Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012
Mailing Address 1043 Barr Road		Amount of Each Disbursement this Period 251.25 Transaction ID : SB17.7588
City Lexington State NC Zip Code 29072	Purpose of Disbursement Phone calling staffers 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) c. Kathryn Sumeracki		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 5511 Weddington Rd		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.7453
City Concord State NC Zip Code 28027	Purpose of Disbursement Consulting Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4971.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 48			
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Kathryn Sumeracki			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012	
Mailing Address 5511 Weddington Rd			Amount of Each Disbursement this Period 150.00	
City Concord	State NC	Zip Code 28027	Transaction ID : SB17.7507	
Purpose of Disbursement Consulting Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) B. Kathryn Sumeracki			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012	
Mailing Address 5511 Weddington Rd			Amount of Each Disbursement this Period 150.00	
City Concord	State NC	Zip Code 28027	Transaction ID : SB17.7527	
Purpose of Disbursement Consulting Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

Full Name (Last, First, Middle Initial) c. Kathryn Sumeracki			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012	
Mailing Address 5511 Weddington Rd			Amount of Each Disbursement this Period 120.00	
City Concord	State NC	Zip Code 28027	Transaction ID : SB17.7560	
Purpose of Disbursement Consulting Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	420.00
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 41 OF 48		
	<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)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Kathryn Sumeracki		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 5511 Weddington Rd		Amount of Each Disbursement this Period 14.72
City Concord	State NC	
Zip Code 28027	Purpose of Disbursement Mileage Reimbursement	Transaction ID : SB17.7561
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) B. Jennifer Thompson		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 8615 Pinnacle Cross Dr		Amount of Each Disbursement this Period 113.35
City Huntersville	State NC	
Zip Code 28078	Purpose of Disbursement Mileage Reimbursement	Transaction ID : SB17.7570
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) C. WERPolitics		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2012
Mailing Address 733 15th Street, STE 220		Amount of Each Disbursement this Period 7450.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement TV Ad production	Transaction ID : SB17.7577
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7578.07
TOTAL This Period (last page this line number only).....	109550.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 48	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. SCOTT KEADLE		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 113 SEA HIDE COURT		Amount of Each Disbursement this Period 50000.00 Transaction ID : SB19A.7553
City MOORESVILLE State NC Zip Code 28117	Purpose of Disbursement Loan Repayment Candidate Name Category/Type 009	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) B. SCOTT KEADLE		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 113 SEA HIDE COURT		Amount of Each Disbursement this Period 80000.00 Transaction ID : SB19A.7554
City MOORESVILLE State NC Zip Code 28117	Purpose of Disbursement Partial loan Repayment Candidate Name Category/Type 009	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

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

SUBTOTAL of Disbursements This Page (optional).....	130000.00
TOTAL This Period (last page this line number only).....	130000.00

**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 43 OF 48			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
KEADLE FOR CONGRESS 2012

Full Name (Last, First, Middle Initial) A. Robert Gelfond		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2012
Mailing Address 45 E. 25th Street #39B		Amount of Each Disbursement this Period 2500.00
City New York State NY Zip Code 10010	Purpose of Disbursement Refund of Contribution designated for General Election Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB20A.7581 [MEMO ITEM]
State: District:		

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

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

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

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

Form/Schedule: SB20A

Transaction ID : SB20A.7581

Aggregate Contributions - \$7500, \$2500 each for Primary, Runoff, and General Elections. No participation in General election due to loss in Runoff, thus \$2500 refunded.

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4323**
KEADLE FOR CONGRESS 2012

LOAN SOURCE Full Name (Last, First, Middle Initial) SCOTT KEADLE	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 113 SEA HIDE COURT		

City	State	ZIP Code
MOORESVILLE	NC	28117

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000.00	0.00	70000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 09	D 30	Y 2011	M / D / Y 12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	70000.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5209**
KEADLE FOR CONGRESS 2012

LOAN SOURCE Full Name (Last, First, Middle Initial) SCOTT KEADLE		[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 113 SEA HIDE COURT			
City	State	ZIP Code	
MOORESVILLE	NC	28117	

Original Amount of Loan <input style="width:90%;" type="text" value="180000.00"/>	Cumulative Payment To Date <input style="width:90%;" type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input style="width:90%;" type="text" value="180000.00"/>
--	--	--

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
<input style="width:20px;" type="text" value="02"/>	<input style="width:20px;" type="text" value="16"/>	<input style="width:20px;" type="text" value="2012"/>	<input style="width:20px;" type="text" value="12/31/12"/>	<input style="width:40px;" type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width:90%;" type="text" value="180000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width:90%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7282**
KEADLE FOR CONGRESS 2012

LOAN SOURCE Full Name (Last, First, Middle Initial) SCOTT KEADLE	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff _____
Mailing Address 113 SEA HIDE COURT		

City	State	ZIP Code
MOORESVILLE	NC	28117

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
87000.00	80000.00	7000.00

TERMS				Secured:	
Date Incurred	Date Due	Interest Rate			
M ^M / D ^D / Y ^Y 2012 Y ^Y	M ^M / D ^D / Y ^Y 2012 Y ^Y	0.00 % (apr)			
06	20	12/31/2012	0.00	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	7000.00
TOTALS This Period (last page in this line only).....	

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5572

KEADLE FOR CONGRESS 2012

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

SCOTT KEADLE

Primary

General

Other (specify) ▼

Runoff

Mailing Address

113 SEA HIDE COURT

City

State

ZIP Code

MOORESVILLE

NC

28117

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

50000.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

29

2012

12/31/2012

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

0.00

TOTALS This Period (last page in this line only)..... ▶

257000.00

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